

L I B R A R Y

**B O S T O N
U N I V E R S I T Y**



**COLLEGE
BUSINESS
ADMINISTRATION**

Class No.	* 659.1
Book No.	D77
Acc. No.	36479
Date	6/18/47

Author's Preface

Chapter I A Historical Review of the
History of Advertising

Chapter II Direct Mail

Chapter III Retail Sales

BOSTON UNIVERSITY

College of Business Administration

THESIS

Advertising to the Medical Profession

by

George Henry Doyle, Jr.
(B.S. Michigan State College, 1947)

submitted in partial fulfillment of
the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION

Chapter IV Medical Advertising

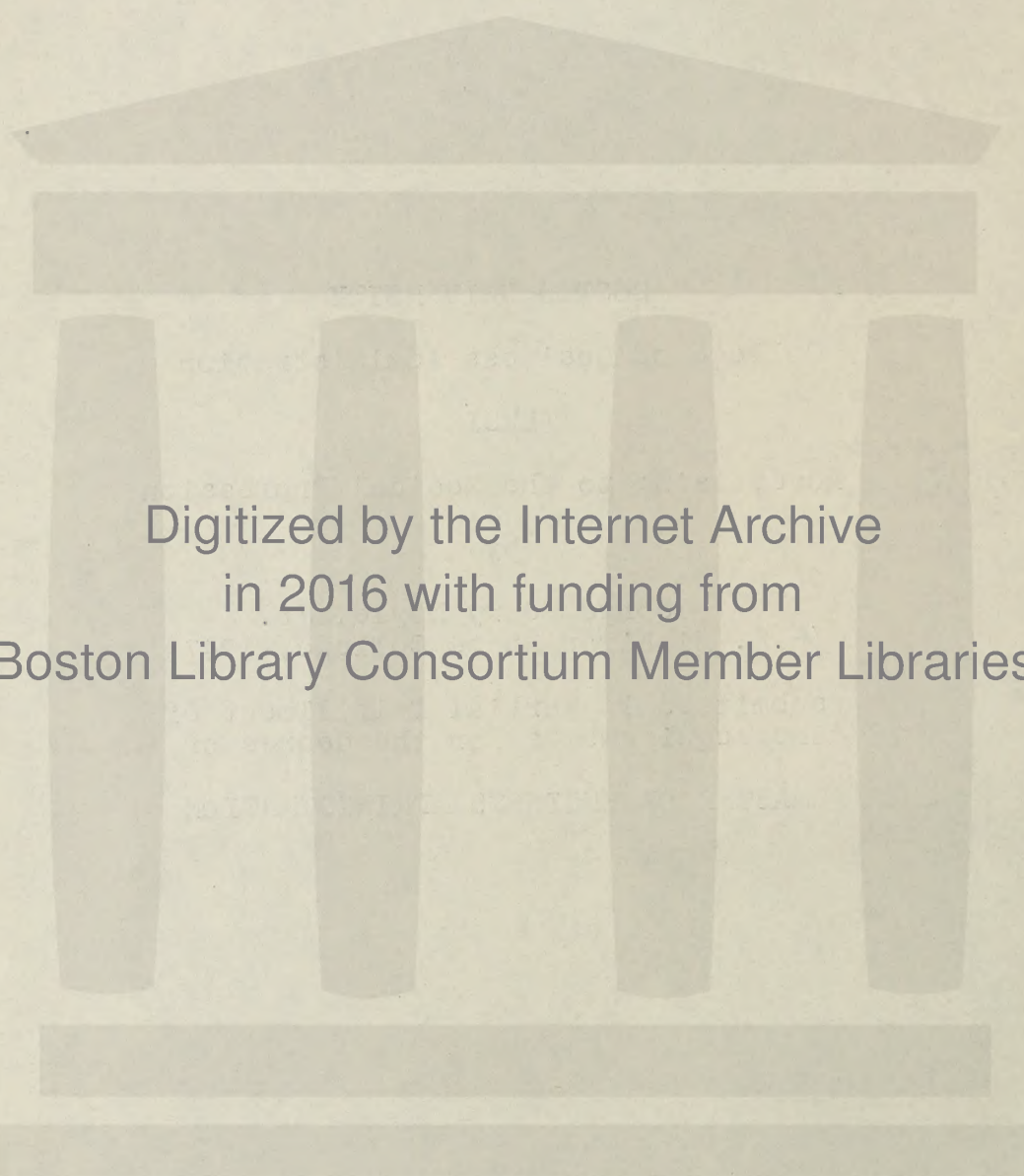
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The Development and Marketing
of Pharmaceutical Preparations
by William F. Doyle and A. F. Newman

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Preface

It is the purpose of this thesis to describe the methods used in the advertising and selling of pharmaceutical products. It is not expected that this thesis will plot any perfect or sure method for the allocation of the advertising budget so as to assure a successful sales campaign for pharmaceutical products. There are known facts and workable ideas which may be applied anywhere and when properly used will serve as guides and will tend to reduce many of the wastes and reduce many of the risks prevalent in the advertising and selling of pharmaceutical products.

I wish to express my thanks to the following people who have been instrumental in helping me to compile the necessary material for the writing of this thesis:

Mr. L. W. Frohlich of L. W. Frohlich & Co., Inc., New York, N. Y.

Mr. Paul Klemtner of Paul Klemtner & Co., Inc., Newark, N. J.

Mr. Harold J. O'Neill of Fisher-Stevens service, Inc.,
New York, N. Y.

Mr. Charles L. Baldwin of the Medical Society of the State of
New York, New York, N. Y.

Miss Dorothy Noyes and Mr. A. E. Sproul, Jr. of Noyes and
Sproul, Inc., New York, N. Y.

Arthur M. Sackler, M. D. of William Douglas McAdams, Inc.,
New York, N. Y.

Harvey L. Daiell, M. D. of Lakeside Laboratories, Milwaukee, Wis.

Mr. Leo E. Bova of Lever Brothers, Cambridge, Mass., and those people to whom I have given credit at the beginning of each chapter, for without their help and cooperation this thesis would not have been possible.

I. A Thumbnail Sketch of the
History of Advertising

For the material in this chapter
I am deeply indebted to Printers' Ink
for the use of the material appearing
in the publication "Printers' Ink,
1888-1939".

A Thumbnail Sketch of the History of Advertising

The period of the 1800's was a period of rapid expansion and growth in the advertising industry. The first newspaper was published in 1765, and by 1800 there were over 100 newspapers in the United States. The first magazine was published in 1741, and by 1800 there were over 100 magazines in the United States. The first book was published in 1477, and by 1800 there were over 100 books in the United States. The first newspaper was published in 1765, and by 1800 there were over 100 newspapers in the United States. The first magazine was published in 1741, and by 1800 there were over 100 magazines in the United States. The first book was published in 1477, and by 1800 there were over 100 books in the United States.

I. A Thumbnail Sketch of the History of Advertising

For the material in this chapter I am deeply indebted to Printers' Ink for the use of the material appearing in the publication "Printers' Ink, 1888-1938".

A Thumbnail Sketch of the History of Advertising

During the period of the 1880's the principal advertisers were St. Jacob's Oil, Castoria, Dr. Pierce's Remedies, Schenck's Mandrake Pills, Scott's Emulsion, Ivory Soap, Sapolio, Royal Baking Powder, and Pear's Soap. The largest single advertiser of the period was Charles A. Voegeler & Company (St. Jacob's) which is believed to have spent \$500,000.00 in 1881.

The total number of advertisers spending as much as \$100,000.00 in any one single year was probably less than a dozen. And most of these were patent medicine companies. This latter industry was, of course, the leader in the use of advertising ('retailer' excepted) in the 1880's, as it was in the 1870's.

Many business men of this period considered the idea of using advertising unthinkable. They believed and regarded it as somewhat of a "confession of weakness". What is more important few of them thought it necessary, and the publisher offered little encouragement or support. It was not long since it had been considered derogatory to a publication to contain advertising. Many publishers would allow advertisements to run after the contract for the space had expired, thus demonstrating to the advertiser that he was paying for space which the publisher himself considered to be of no value.

Another thing was that the advertiser had to purchase his experience first hand. There was no way of having access to the experience of others, except in such information as the advertising agent might supply on the subjects of rates and circulation.

And so, while the art of the advertiser was perceptibly entering its formative stage in the 1880's, the real strides were yet to come. Most of the business news consisted of word of mouth and continued to be transmitted by the same medium unless the subject was a craze or a fad taken up and publicized by the newspapers.

As far as the use of advertisements were concerned, the "my business is different" attitude did not yield so easily, however, in the transference of the advertising idea from one industry to another. It was not until the twentieth century had fairly begun that the manufacturers as a whole were inclined to listen to the broad proposition that advertising as such was a potentially profitable sales tool.

There were two reasons. The first was that the leading established firms which had the capital and the distribution to make modern marketing methods possible did not think that advertising was necessary. "We are already at the head of the trade", ran the argument, "so what have we to gain by advertising?"

During the 1890's, and before, the general advertising agents and their compatriots their special agents didn't, for the most part, have the organization or the basic grasp to sell the advertising idea on a fully constructive basis. They created much new business to be sure, but they followed the lines of least resistance in going to firms in those industries where there was already an advertising precedent. And besides, they had their hands fairly full dealing with the expanding activities of the volunteers who were joining the advertising ranks.

Factors apparent in an examination of the lines of business where the idea of the continued systematic use of advertising took hold will show the reasons quite plainly. The patent medicine industry - (a) Specialty item which was bought for what it did or was alleged to do rather than for what it was made of and was trade marked or carried a trade name on which to build repeat sales; (b) Consumer responsiveness for these items was more widespread; (It must be remembered that doctors and responsible druggists were practically unknown except in a few large cities; most of the family medical supplies were bought at the village general store) (c) The cost of production of these many medical marvels was so small as compared to the selling price that the proprietors could afford to take the chances no other businesses could. One manufacturer, for example, sold his

product at six bottles for \$5.00, and it was fully 90% clear profit, the cork and the bottle costing more than the contents.

The history of advertising as an economic force goes back only some sixty or seventy years. Many people now living can remember a time when there was little or no advertising ----- when it took years instead of days for a useful new product to become known ----- when many of the conveniences of modern life were so rare and expensive that they could only be enjoyed by the well-to-do.

Many people can remember, too, when advertising as a business was looked upon with suspicion. The products promoted were, in many instances, of dubious worth. Trade practices governing the preparation and placing of advertising suggested a racket rather than a profession.

There has been a remarkable development in the advertising business, over the past half-century, and a constant rise in standards. The main news in the medicine field was the arrival of Omega Oil, and the methods used for introducing that product created a stir throughout the advertising business. Not one druggist had Omega Oil in stock when the advertising commenced in 1898. The company hadn't a salesman to its name. It had determined to sell through jobbers only. This was the first clear cut case where advertising had been used to establish a market for a product on a sheer consumer demand.

The campaign featured an illustration that came to be widely talked of. It was a picture of a slightly foolish looking boy with a flock of geese. The copy said: "Don't be a goose. Use Omega Oil." Everywhere people wondered just what this was all about. The fact was that the picture had no meaning; it was just a notion of a way to attract attention. Sales came in big volume and Omega Oil was a sensation, though it later appeared that the first several years were costly from a profit standpoint. Ultimately the business turned the corner, but as was later confessed by Bert M. Moses, who was in charge of the advertising, there had been some uneasy months.

The apparent initial success of the company was in a way an unfortunate influence on business generally. There were few in the trade who liked to believe that advertising to the consumer was the complete answer to any market problem, that the dealer and the channels of trade could be ignored. All you had to do was get the consumer to ask for the product and the trade was at your mercy. The Omega Oil case seemed to support this position, and the following facts did not catch up with the original impression of the company's success. At any rate the entrancing theory of forcing distribution died a slow death and in the throes caused the waste of many an advertising dollar in the years that were to come.

Advertisements of fake and worthless products were beyond all question one of the greatest deterrents to the

development of advertising. Conversely, the growth of the business tool closely paralleled the routing of the fraud advertisers out of the advertising columns.

More keenly aware than ever of the value of reader confidence and of the hesitancy of the manufacturer of honest products to associate with the fakers, publishers greatly increased their efforts in purging their pages of the copy of spurious medicine makers, the "lost manhood" preparations, the stock schemes, the mail order cadgers and other questionable products and services. Not only were these offerings but the advertisers of them were the chief offenders in bombastic statement and sensationalism in copy and illustration. Their advertising ethics closely corresponded with their regard for the meritorious quality of their products.

By 1905 almost every publication of real rank maintained rigid standards against admission of the fraudulent product to the columns. Quite a few refused all medicine copy.

Meanwhile one publication had taken the offensive against the advertiser of spurious medicines. The Ladies' Home Journal, in 1904, touched off the opening attack on fake remedies. First the actual contents of many of the alleged medicines was exposed and the fact that some of them embodied high quantities of alcohol, others deleterious drugs such as opium and morphine, was brought into public view. Then their methods of doing business was taken up. Edward Bok,

who directed the campaign, enlisted the services of a young New York lawyer named Mark Sullivan, who revealed, among other things, methods of getting testimonials from Congressmen and the practice of selling letters from customers to other firms.

In 1905 Collier's Weekly joined the fray with a perhaps even livelier series of exposures. Robert J. Collier, with Bok's permission, employed the services of Sullivan, then enrolled Samuel Hopkins Adams in the crusade. The result was a hard-hitting, unrelenting campaign which gave further circulation to the public knowledge of the prevalent evils. The articles named names and took specific products and analyzed their ingredients with relationship to the benefits claimed for the remedies including complete cure of constipation, cancer, yellow fever and meningitis.

Other periodicals and newspapers joined the cause. Closing of advertising pages to the fakes proceeded at greater rate than ever before. And, most important of all, the public was so well awakened to the frauds practiced upon it that these activities may be said to have contributed in a major way to the passage in 1906 of the National Food and Drug Act.

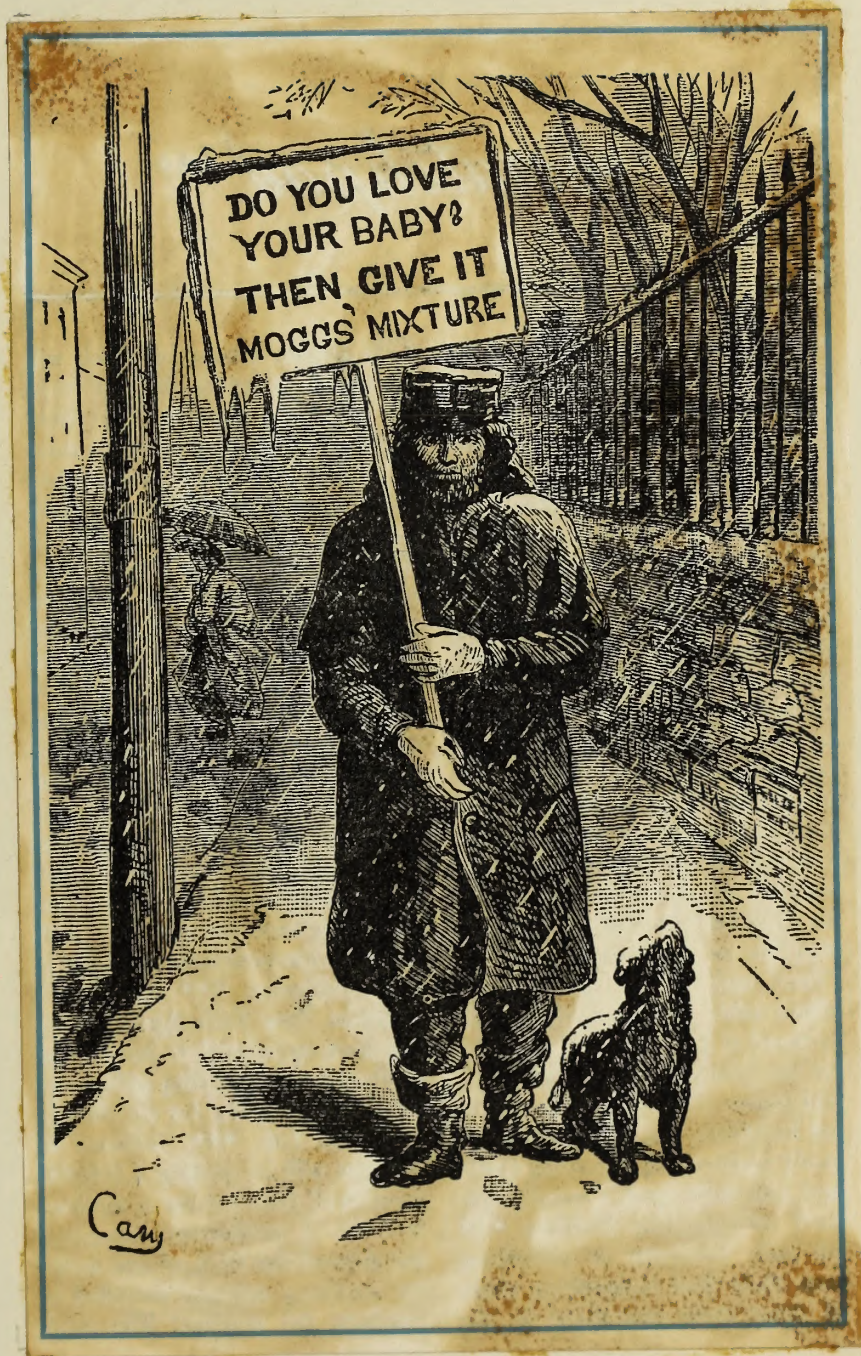
The new law made it a misdemeanor to make or sell adulterated or misbranded foods, drugs, medicines or liquors and also prohibited the receipt of such goods. (Prohibition of false or fraudulent claims on labels did not come until the passage of the Sherly Amendment some years later.) Dr. Harvey Wiley, Chief of the Bureau of Chemistry, had a good

deal to do with its inception and passage and he set about energetically to assure its effective enforcement.

A move to control food and drugs advertising appeared in 1933 with the introduction into Congress of the Tugwell Bill, a proposed revision of the pure food and drug statute. In its original form the bill, unobjectionable in its motive, was a tyrannical expression of fanatical zeal. Under the guiding hand of the late Senator Royal S. Copeland the bill was modified into sensible channels and finally an instrument was evolved which on the whole was acceptable to decent business and which embodied desirable protection both for consumer and advertiser.

The Copeland Bill, as it became known, was in the Congressional hopper for nearly five years. The outcome was the passage in the spring of 1938 of the Wheeler-Lea Act, which gave the Trade Commission authority over false and misleading advertising of any commodity, with a special section covering foods, drugs, devices and cosmetics.

Shortly after the Wheeler-Lea passage, the Copeland Bill was enacted as the Federal Food, Drug and Cosmetic Act. It expands the regulation of standards of foods and drugs and brings cosmetics under its jurisdiction, but the advertising provisions remain with the Trade Commission.





8

FOR HEALTH WARM, DRY and CLEAN
 Keep the Feet By Using
 PATENT ISAAC'S
 FOOTBATH

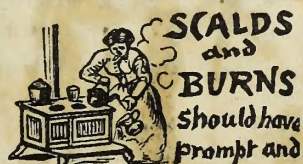


GREATEST OF THE BLESSING

THIS is the most convenient and desirable article for Bathing the Feet that has ever been introduced to the public. It is simple in construction, convenient, cleanly, and beneficial to all. With it, the water is kept at an even temperature, without removing the feet while the hot water is being applied, thereby preventing the taking of cold, or the danger of scalding the feet. With it, the whole of the lower extremities can be bathed, making it indispensable for the sick chamber.

PHYSICIANS AND SCIENTIFIC MEN EVERYWHERE RECOMMEND IT. Thousands are already in use; and every family in the land should have one.

For sale at all the principal House Furnishing and Hardware stores throughout the United States and Canada. Principal office,
L. A. ISAAC, Inventor and Patentee,
 No. 345 Broadway, New York.

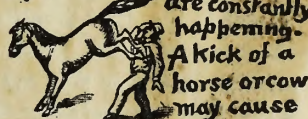


SCALDS and BURNS

Should have
prompt and
proper care or they may
prove very
dangerous
and perhaps
FATAL.



ACCIDENTS



are constantly
happening.

A kick of a
horse or cow
may cause

a bad bruise;
the slip of
an axe or
knife may
result in a
serious cut.

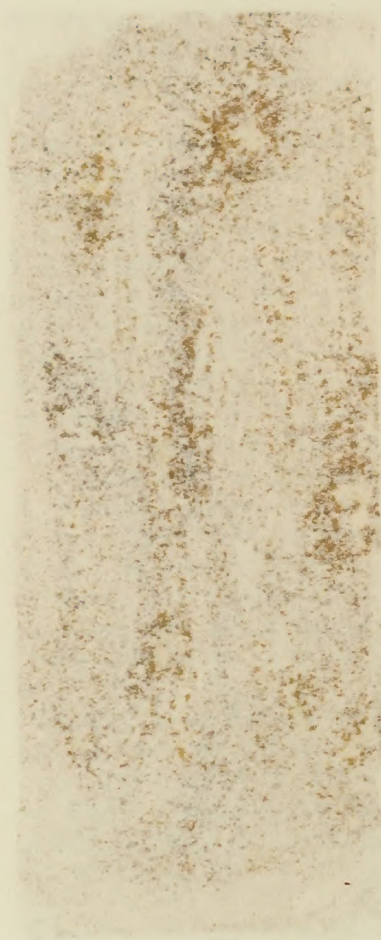


Any of these things may
happen to one of **YOUR**
family at any moment.

Have you a bottle of
PERRY DAVIS' PAIN KILLER

ready for use in such cases?
It has no equal for the cure of
scalds, burns, cuts, swellings,
bruises, sprains, sores, insect
bites &c.—All Druggists sell it.

PERRY DAVIS & SON. PROVIDENCE R.I.



Direct Mail

II. Direct Mail

For the material in this chapter I
am indebted to the following men:

Mr. A. Douglass Brewer,
Ciba Pharmaceutical Products, Inc.

Mr. William T. Doyle,
Lakeside Laboratories, Inc.

Direct Mail

One of the first steps most pharmaceutical houses, regardless of size, undertake is to set up a direct mail program. The reasons for this are obvious. The general principle governing the choice of direct mail versus publication advertising is the nature of the customers to be reached. If the customer is known, if his name and address are available, then experience has shown that direct mail is more profitable. If the potential buyer is an unknown member of the general audience, then in most cases he will have to be selected from this group by publication advertising. The physician is known-his name and address are readily procurable. It is for this reason that pharmaceutical and other medical supply houses use large quantities of direct mail advertising matter. Direct mail is the most effective, most economical and the most direct method of sales promotion. Its area of attack, its timing of presentation and selection of audience without waste circulation is more easily controlled than for any other media. It is strong enough to be used as a supplement to personal field representatives, journal advertising, house organs, visual education and/or other means of sales promotion.

On the surface these statements seem rather bold, but when consideration is given to the fact that many hundreds of millions of dollars are spent each year in direct

mail presentation, there would seem to be confirmation of these statements.

How is a direct mail department started? There are two ways. The one usually adopted by all the smaller pharmaceutical houses and by many of the larger ones is to take advantage of the services offered by a commercial addressing and mailing company specializing on physicians' lists. For example, in New York City there are two-the Pronto Addressing and Mailing Company and the Fisher-Stevens Company. These two organizations contact the pharmaceutical manufacturers and secure their direct mail business. It is rather expensive and cumbersome to set up one's own mailing department and therefore these two commercial companies do a flourishing business. The backbone of their mailing list is compiled from names of physicians secured from the Directory Service Department of the American Medical Association in Chicago. Prior to the war this division of the American Medical Association used to publish a directory each year.

The subscribers to it would receive a copy of the directory; at two-week intervals during the year a mimeographed supplement listing the new doctors, the changes of address, transfers, deaths, etc., was sent out so that mailing plates could be corrected and kept up to date. In addition to this source these commercial companies have access to the salesmen's reports sent in to their clients' headquarters as the changes are forwarded along for information

and action. The telephone directory and city directory are also valuable aids in securing correct names and addresses. These names are transcribed onto addressograph plates with pertinent information regarding the doctor concerned such as his specialty, his college and hospital connection. It is then a relatively simple job for the advertising manager of the pharmaceutical house to have prepared, under his own supervision or by an agency, various mailing pieces which are turned over to the commercial addressing and mailing company for distribution.

The alternate method of handling this problem is for the advertising manager to purchase and set up all the addressograph plates keeping them up to date in much the same manner as is done by the mailing company. Naturally, this method calls for a substantial investment.

There is no set type of mailing piece or mailing plan which has been found the perfect solution. By trial and error each pharmaceutical house settles upon a formula which has proved most productive in its own experience. Years ago it was more or less an accepted practice to send out quite formal, severe announcements or notices in plain black and white under first class postage. When the first class rates were advanced to three cents, the majority of houses abandoned this policy and sent out their mailings under the privileges of the third class bulk postal rates. Many surveys have been run over a period of years by

different organizations, and it is quite surprising to note that the small difference in reader acceptance between first and third class mail or between stamp, indicia, or metered mail is really negligible.

Similar findings are revealed when a study is made of the envelope. At one time it may seem that a colored envelope or one bearing a message, attractively displayed, meets with less resistance in the physician's office; the exact opposite may hold true a few months later when a plain white envelope receives prompt attention.

The average mailing piece produced by the pharmaceutical houses of today is a far cry from that used even ten to fifteen years ago. Realizing that the physician is first of all a human being and, secondly, a scientist, those concerned with the preparation of direct mail have fallen in line with the practices employed by the large advertising agencies handling general accounts. In brief, it has been found that colorful, attractive displays of art and copy, novelty pieces and even cartoons, all have their place in bringing a message to the physician.

Studies which have been made in large cities as well as in suburban areas lead one to believe that the average doctor receives on his desk anywhere from 85 to 90 per cent of his mail, only a small percentage being intercepted by the secretary or nurse. The doctor acts exactly like other people in scanning the morning's mail by quickly

opening and discarding certain pieces while laying aside others for more thorough reading and filing. Known observers report that the action of the physician in handling his mail is based first of all on his opinion of the house from which the mail is sent. That is, he has a certain group of companies in which he has confidence, possibly through constant use of their products, the soundness of the manufacturer's research laboratories, the conservativeness of claims and presentations, or through his own personal relations with the company and its representatives in the field.

Another impulse which guides him in his reactions to the mailing pieces is the timeliness of the subject matter and its adaptability to his own particular practice. Almost every doctor is anxious to keep abreast of progress and practice in medicine and to build up an adequate reference file. Among the type of mailing pieces which have been found to be most useful are those containing anatomical charts, abstracts or reprints of papers from leading universities and clinics, or a complete discussion of specific diseases and their treatment.

The pharmaceutical manufacturer has a great deal of competition in gaining the doctor's attention even though he takes advantage of all these known factors as it has been established that from four to six pieces of pharmaceutical direct mail reach the doctor's desk every day. To this, naturally, must be added the quantity of his own personal mail and solicitations from other types of business.

When a company is small or in a "growing up" process, it is usually the practice to limit the mailings to physicians in those territories where distribution has been secured and can be adequately watched. If for any reason it is not practical to send mail to every doctor in these localities, it is best to concentrate on the key physicians, the ones who are outstanding because of their institutional and teaching qualifications or because of their hospital connections and lucrative practice.

As these small areas become more and more saturated and profitable, the advertising program can be extended to adjacent counties or new promising areas. It is much more profitable to cover a specific zone intensely and consistently than to spread the message over a wide, uncontrolled area under an indefinite program.

At the present time the chief problem of every house is to win the favor of the thousands of physicians who are returning from duty in the armed services. This is rather a complicated problem as many of the physicians themselves have been unable to formulate definite plans for their own futures. Some are returning for postgraduate work or refresher courses; others are struggling to find an office or sharing one with other colleagues and almost all of them are having a difficult period of readjustment. Special literature has been prepared by several manufacturers and is mailed exclusively to this group of prospects in an

endeavor to help them catch up with medicine as it is practiced in civilian life.

According to the latest figures 25,000 doctors returned from war-time duty have registered with their local medical societies which means that their names and addresses have been recorded by the Directory Service Bureau of the Medical Association; however, there are still several thousand who have not affiliated themselves with a medical group and consequently the manufacturer will have to struggle along with this problem for a considerable period until conditions become more stable.

So important is direct mail in the manufacturer's weapons of attack that anywhere from 40 to 75 per cent of his promotion budget is devoted exclusively to this type of promotion.

The majority of manufacturers expand their mail campaign to include hospital staffs, internes, medical students and prescription pharmacists as it has been proved that thorough coverage in these allied fields adds to the effectiveness of the mailings to physicians.

Detail Men

A. Introduction

Detail men are those men employed by pharmaceutical manufacturing firms to whom particular calls are made by sales representatives to visit physicians in hospitals and/or physicians within a given territory to promote the sales of the drug products of the company through regular and proper channels. According to a survey made by "Executive of Medical Marketing" in 1941, the answers to the following questions are as follows:

III. Detail Men

For the material in this chapter I am indebted to the following men:

Mr. Clyde Williams,
Whitehall Pharmacal Company.

Mr. Tom Jones,
Paul Klemtner & Company, Inc.

Detail Men

A. Introduction

Detail men are those men employed by pharmaceutical manufacturing firms to make personal calls on physicians, hospitals and/or pharmacies within a given territory to promote the sales of the drug products of the company through regular and proper channels. According to a survey made by "Economies of Medical Marketing" in 1941, the answers to the following questions are indicative of what a detail man must consider when making a personal call:

Question: All in all, what attribute do you find most welcome in detail men?

Consideration of a doctor's time.....	32%
Knowledge of product.....	20%
Good personality.....	13%
Sincerity.....	10%
Honesty.....	10%
Ability to speak clearly and understandably.....	6%
Ability to take "NO" for an answer.....	3%

Question: What attributes annoy you most?

High pressure salesmanship.....	24%
Occupying too much time.....	16%
Lack of knowledge of product.....	16%
Insult doctor's intelligence.....	16%
Misrepresentation.....	8%

Knock other fellows' product.....	8%
Memorized speech.....	8%
Lack of sincerity.....	4%

Success in detailing depends upon the ability of the individual to convey his knowledge of a preparation to the physician, pharmacist, or hospital technician with finesse, tact, and brevity, as well as his ability to readily evaluate the characteristics of the physician, pharmacist or technician he is interviewing.

It is very important for the detail man to create a good impression because through the detail man the impression of the company is transmitted since the detail man is representative of the firm he represents. The story the detail man tells must be one that is interesting; he must sell the merits of his product. Briefly state the claims and the qualities of the product. The conclusion of the interview is the part of the interview that must not be overlooked because the detail man must endeavor to leave the office door open so that he may return at a future date and again be received.

B. Detailing the Physician

When a detail man calls directly on the doctor at his office, he should remember that the physician's time is very valuable and the detail man must remember that the rules of personal selling hold him tighter here than at any other time or place. He should not allow himself to be

confused with the doctor's patients, but he should give his name and the nature of his business to the nurse or receptionist. If the waiting room appears crowded and the doctor is busy, it may be to the detail man's advantage to suggest that he will call back at some other time, perhaps later in the day. When the detail man does meet the physician he should not take up the physician's time with unnecessary trivial talk. He should tell the physician the merits of his product and state the indications for which the product may be used, thus leaving the physician with a constructive thought pattern that he will apply by prescribing the product. At the time of the interview it is well to provide the physician with any selling aids that the detail man has for that purpose. The detail man must always bear in mind the many conditions in which they are applicable; and by reciting these applications to the doctor, the detail man should always be prepared to answer any questions the physician (or any other person being interviewed) may ask about all products in his firm's line. The detail man should not take up anymore of the doctor's time than is absolutely necessary for him to make an effective and coordinated presentation. Remember, the doctor's time is valuable.

C. Detailing the Drug Store

The distinction that I make for a drug store is that even though they do sell drug products the greatest volume of sales is in the variety store type of merchandise.

The doctor has but two methods of applying medication namely: 1) by dispensing medicine from his own stock, or 2) by giving the patients a prescription to be filled by an outside source--the drug store or pharmacy. Medication dispensed by the physician generally consists of standardized formulae which are manufactured by various pharmaceutical concerns and sold to the dispensing physicians in large quantities. Frequently the dispensing physician has formulae of his own in which he has great faith, and he may have these made up for his own personal use by a pharmaceutical manufacturing firm.

Prescriptions filled by the pharmacy may be prepared from various ingredients manufactured by chemical and pharmaceutical concerns, but in many instances the proprietary product of various concerns is designated in the prescription, without change except that the manufacturer's label is removed and the pharmacy prescription label, bearing the physician's name, is substituted for the label that has been removed. Since the general trend has been toward the prescribing on the part of the doctor this shows what an important link the pharmacy and the drug store is for the detail man.

As I have said, the detail man is the liaison man between the pharmaceutical manufacturing firm and the doctor, likewise he can be considered as the liaison man between the pharmaceutical manufacturing firm and the

pharmacy and the local drug store. The detail man must be considered as a liaison man because many times the doctor must rely on the pharmacist for information about products not only as to their use and application but also as to relative merits of similar products.

The detail man should make it possible and easy for the pharmacist to have a complete file of all the products stocked by the drug store. By getting the cooperation of the better class of drug stores, the detail man has another salesman for his products in the territory of the local doctor.

D. Detailing the Ethical Pharmacy

I made a distinction as to what I considered a drug store--I also will define an ethical pharmacy. An ethical pharmacy does its greatest volume of business in the sales and compounding of drug products and wishes to continue doing this. The detail man may find it advantageous to stop at these ethical pharmacies because they may wish to expand their volume of business.

It will be of mutual benefit if the detail man who calls on the ethical pharmacy has some concrete and definite ideas as to how the volume of prescription business may be increased. It has been suggested, in Tom Jones' book, "Detailing the Physician"; that one method of doing this would be to use the window display space of the pharmacy to tell the story of ethical pharmacy. Also, it

would be good procedure if the pharmacy would use its shelf space for the advantageous display of its ethical products. Make it apparent to the customers of the pharmacy that the primary interest is in pharmaceutical and drug dispensing business and is not interested in variety store trade or merchandise.

Impress the pharmacist with the importance of calling upon the physicians at regular and frequent intervals. Everyone, doctors included, likes to know what the people he is expected to do business with look like. The pharmacist must be careful not to make the mistake of trying to tell the doctor what to prescribe because the pharmacist's only reward will probably be diminishing prescription business. One of the best reasons for making personal calls on the physician is stated by Dr. Frank B. Kirby of Abbott Laboratories who stated that every year the average physician writes prescriptions worth \$1,159.20. These facts are pointers as to why personal calls on the part of the pharmacist should not be overlooked and should reap a most generous reward.¹

Direct mail can also be used advantageously by the pharmacy, either doing the complete job itself or by having a tie-in with the manufacturer whereby the pharmaceutical manufacturing firm sends the mailing pieces under letterheads

¹-Detailing the Physician-Tom Jones, p. 156

of the pharmacy. It is to the benefit of the detail man to advise the pharmacist of this and direct his attention to the possibilities of enlisting the aid of other pharmaceutical manufacturing firms.

One important thing the detail man must remember in dealing with the retail outlets--don't overstock them. Stock that does not turnover loses strength and the packages and containers may get soiled or broken. Products that are held in this manner hurt the manufacturer of the product not only for that one product but for the complete line of products that are manufactured. The initial order is not the big thing but that orders keep coming in because this is the indicator of satisfaction not only on the part of the pharmacy but also on the part of the consumer on whom the ultimate sales depend.

E. Detailing the Hospital and the Hospital Technicians

Hospitals offer another outlet for the detail man's efforts in his territory. Hospitals as individual units are the largest known users of pharmaceutical products and ingredients. The greater acceptance a pharmaceutical firm can get in the hospitals, the greater chance that firm has for growth. This statement is qualified by the preceding statement and also by the fact that the interns of today are the practicing physicians of tomorrow. The drug products that these interns become familiar with during their internship they will use when they go into practice. The intern may also be able to give the detail man an entry into the hospital

routine. This may be accomplished by the intern suggesting the use of the pharmaceutical product to the members of the hospital staff or by suggestion to the attending physician on a case where the intern may be working. If the product lives up to the claims made for it, the detail man will have gained an important acceptance which should be mutually beneficial to both the user and the pharmaceutical manufacturer.

1. One sales manager or sales supervisor

2. One medical director, chemist, or technician

from manufacturing department

3. Sufficient detail men to cover the selected

physicians in the territory within the time allotted to the project.

The plan would be operated as follows:

1. The sales manager or sales supervisor has a

map of the city and spots his men in the sections he wishes them to detail physicians.

2. The sales manager or sales supervisor calls on

the wholesalers and jobbing buyers - and sees that their telephone order takers are informed that the product to be detailed is in stock.

3. The medical director or other technician con-

tacts hospital officials and universities to explore possibilities for clinical research.

4. The detail men contact professional phar-

macy firms to tell doctors and nurses the product is available.

Quick Distribution Methods

Manufacturers with a small force of detail men can establish distribution quickly and effectively by using the following method:

Assemble a group to work in a given geographical area. The composition of the group would follow the pattern as under:

1. One sales manager or sales supervisor
2. One medical director, chemist, or technician from manufacturing department
3. Sufficient detail men to cover the selected physicians in the territory within the time allotted to the project.

The plan would be operated as follows:

1. The sales manager or sales supervisor has a map of the city and spots his men in the sections he wishes them to detail physicians.
2. The sales manager or sales supervisor calls on the wholesale and jobbing buyers - and sees that their telephone order takers are informed that the product to be detailed is in stock.
3. The medical director or other technician contacts hospital-clinics and universities to explore possibilities for clinical research.
4. The detail men contact professional pharmacies in the mornings and detail the selected list of physicians as early as possible during each day.

During the day's work, the wholesalers' buyers, the professional pharmacists (and their detail men) have been invited to have dinner at the hotel in the evening with the group that is working in the area. The advantages of these meetings are apparent:

1. The wholesalers, jobbers and professional pharmacists are impressed with the organized plan and the effectiveness of the work being done. All present usually participate in discussions and ask questions which are answered by the manufacturers' sales manager and technician. Hence everyone becomes better informed. Often the original plan can be revamped for greater effectiveness through thoughts brought out during these discussions. When the project is completed a detail man or men are left behind to follow up. Direct mailings to physicians are scheduled on a timely basis and later the working group may return to high spot the area.

2. Adequate distribution and immediate sales are achieved - a program of this type has been known to pay for itself within eight months or a year.

3. Detail men working within the group, find that they learn more about the product they are detailing - find that they can make more calls - than they usually make in their established territory - hence return to their regular territory and work with renewed vigor.

A Direct Mail Method To Obtain Distribution

Samples are sent to selected physicians (when possible) enclosing a business reply card asking the physician for the name of the pharmacy where he would like the particular product stocked. If the card is not returned, a follow up letter requesting the same information should be sent.

When the name of the pharmacy is received, a retail package should be forwarded to the pharmacy indicated, together with a letter advising the pharmacist that a physician in his neighborhood suggested that the pharmacist stock the product. The pharmacist will usually tell the physician that he has the product available.

Direct mail promotion to professional pharmacies, (there are about 10,000 in this particular category) followed up with a retail package as a sample and supplemented by direct mail to the physicians in the areas where the professional pharmacies are located, is often effective. Distribution is accomplished and sales result rather quickly from this method. The average run of drug stores usually turn to the professional pharmacists for prescription products which these drug stores do not carry - hence the actual availability of a product is greater than appears on the surface. This method achieves an unusual degree of acceptance by the physician, because of the prestige accorded to the professional pharmacist by the medical profession.

For the following inserts

I am deeply indebted to

Mr. Albert J. Weisbrodt, Advertising Manager,
Burroughs Wellcome & Co. (U.S.A.) Inc.

The art of detailing

Detailing is an art acquired by some people almost overnight and then again by others not even in a lifetime. In a sense, detailing is selling on wheels and only a certain value, dignified, product. It is a tremendously professional work, "service-orientation" the keynote. Products are presented to the world in professional manner of value, of gain, alleviation of suffering, formalizing of human existence. Professional performance and specification are the fruits of skillful detailing in which the advantages to the physician of using the product are given special prominence. The quiet efficiency, integrity and scientific balance of the pharmaceutical industry are the elements of one who has mastered "the art of detailing."



The art of detailing

Detailing is an art acquired by some people almost over-night and then again by others not even in a lifetime. In a sense, detailing is selling in white tie and tails—conservative, dignified, prudent. It is a gentlemanly profession with "servicemanship" the keynote. Products are presented to the medical profession in terms of relief of pain, alleviation of suffering, normalizing of human existence. Professional preference and specification are the fruits of skillful detailing in which the advantages to the physician of using the product are given special prominence. The quiet efficiency, ingenuity and resourcefulness of the successful medical representative are the chevrons of one who has mastered "the art of detailing."

DO'S AND DON'TS WHEN DETAILING

DO

...let your pharmaceutical training supplement the doctor's therapeutic knowledge.

...plan your presentation on each product, know exactly what you are going to say and how you are going to say it.

...admit you don't know when the doctor asks a question that goes beyond your information on the product - refer the question to the Medical Department for a reply.

...coordinate your detailing with the theme used in current medical advertisements and direct mail literature.

...present the product to the physician in terms of "what it will do" and "how it will do it better" than existing preparations.

...demonstrate the product wherever possible getting the physician to take part in your demonstration.

...give your detail authority by frequent quotations from published papers.

...use simple, concise, clear-cut statements. Avoid awkward medical terminology if it is not in common use.

...learn the facts about your product but avoid stereotyped, memorized presentations.

...know how your products are superior to other preparations but avoid the use of competitive brand names.

...make it a point to see all "key" physicians even though you have to spend a little more time to see such busy men.

DON'T

...present the doctor with a specimen until you are sure he is interested in the product and will give it a fair trial.

...fumble for literature or products in your bag thereby interrupting the smoothness of your detail.

...detail products to the physician that are not in your Detailing-Selling Campaign except in rare instances.

...call the physician "Doc"; know the doctor's full name, interests, background and affiliations before you enter his office.

...push the product too soon in your detail; first establish the need for the product.

...let the interview get too far off the main topic - be diplomatic in making a transition back to the subject of your detail.

...spend too much time with any one physician and run the risk of overstaying your welcome.

...adopt a viewpoint that is in direct opposition to the physician's viewpoint. Avoid arguments. Cultivate the "Yes, but..." technic.

...do all the talking yourself. Endeavor to engage the physician in conversation by asking leading questions. What the physician says are signposts to guide you in your detailing.

...show by your attitude that you feel subservient to the physician nor that you feel superior to him in your knowledge of the subject matter discussed.



The art of selling the retail pharmacist

Even though the principles involved are as old as time itself the art of selling the retail pharmacist is still without parallel, for here is a man who has blended high professional standing with modern business techniques. Fundamentally he is interested in "seller benefits", namely, the advantages he will derive from stocking your merchandise. These "seller benefits" are usually described in terms of (1) wide profit margins, (2) rapid turnover arising from consumer demand and/or professional specification and (3) certain service or prestige features that will, in themselves, ultimately reflect in increased business. These appeals to buy your goods have been worn thin by constant repetition, but they are still basic. Selling becomes an art when these buying motives are stimulated by new and fresh presentations. Learn to use new words and old words new ways.

DO'S AND DON'TS WHEN SELLING THE RETAIL PHARMACIST

DO

...know and cultivate the friendship of the pharmacist as well as all the other clerks in the store.

...provide the druggist with helpful selling information to increase his turnover.

...give suggestions on counter or window displays.

...sell products on the basis of what they will do for the druggist rather than on friendship.

...give information on the products you sell that the druggist can, in turn, relay to his customers.

...offer suggestions on how the druggist can increase his prescription business.

...compliment the druggist on any unusual displays or merchandising ideas he may be using.

...cooperate with the druggist in helping him to move any slow stock.

...keep the druggist fully informed on what is being done to help him sell B.W. & Co. products.

...leave the pharmacist literature and sufficient information on all important products so that he will be in a position to discuss these products with his neighborhood physicians.

...encourage the pharmacist to make counter and window displays of our counter-selling items. Seek his cooperation in using our display materials.

DON'T

...become so friendly with the pharmacist that it is hard to persuade him to be serious and to hold his attention.

...let the pharmacist feel that this is just a routine call; always try to have something of particular interest to present to him.

...smoke in the drug store unless you know the pharmacist doesn't mind and then don't drop cigarette butts on the floor.

...overstock the druggist when he leaves ordering to your judgement.

...fail to cooperate with your pharmacist in detailing important neighborhood physicians. Many important "leads" can be secured through him.

...fail to make sure that you have adequate drug store distribution of items being detailed to the medical profession.

...forget to keep the druggist informed on all current price and package changes.

...overlook the importance of increasing your distribution of various products. Try to get 100% distribution of B.W. & Co. items - at least in all key stores.

...exaggerate potential sales. Develop the confidence of the druggist through conservative statements.

...forget that your responsibility to the druggist ends only after the product is in the consumer's hands.

DO NOT

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The art of selling the hospital

Selling the hospital calls for all the skill a representative has developed in his entire detailing and selling career. The hospital is a complex organization with a professional staff of physicians, surgeons, internes, nurses, dietitians, pharmacists and others who must be favorably influenced before a product finds its way into routine hospital use. Products are presented to the hospital staff in terms of "user benefits", i.e., what the product will do for the patient and how it will do it better than similar competitive products. Those qualities or characteristics are featured that competing products do not have or do not claim—or at least do not use to the best advantage. These are commonly referred to as "product preference features". Real artistry is at work when a product with no apparent therapeutic or economic advantages over competing preparations achieves hospital preference.

DO'S AND DON'TS WHEN SELLING THE HOSPITAL

DO

...detail hospital physicians, internes, nurses, dietitians, pharmacists and others when calling on the hospital.

...advise staff physicians and others when a product is available in the hospital.

...leave literature on products with all physicians, internes, dietitians, nurses and others so complete information is available to them to refresh their memories.

...keep hospital pharmacists posted on all products being actively promoted, price and packing changes, etc.

...place on floor desks, etc. descriptive blotters, featuring products stocked.

...cultivate the assistant pharmacist as well as the chief. He may head that department some day.

...go after large bulk sales. Big hospitals are accustomed to buying tremendous quantities and always take advantage of bulk prices.

...be proud of yourself, your work and your company. Conduct yourself with dignity and deal with all in a fair and straightforward manner.

...keep an accurate record of all B.W. & Co. products stocked in the hospital. Be sure to get the repeat business on these items and place new items at every opportunity.

...make your hospital calls regularly and on certain days so the pharmacist will know when to expect you.

DON'T

...overlook the importance of the outpatient clinics, baby clinics, etc. associated with the hospital.

...depend on price alone to get hospital business. Point out the superiorities of the product so the pharmacist will readily appreciate that it is to his and the hospital's advantage to stock the product.

...forget selling and stocking is only part of the job. Keep the product moving.

...forget the nurses' training schools. See the instructors and give them appropriate literature in quantities adequate for their classes.

...overstay your welcome with the pharmacist, superintendent, dietitian, etc. Plan your talk, say it and then leave.

..."buttonhole" doctors in the staff-room, corridors or wards unless they indicate in some manner that they are receptive and want to talk to you.

...wander around the corridors of a hospital on the chance that you may be able to get in a detail. Know whom you want to see and announce yourself in a businesslike manner at the desk.

...forget to obey the rules of the hospital with regard to visiting certain wards. If permission is required to visit the pediatric, obstetrical or other floors be sure to get it.

...fail to keep your interne and resident lists up to date - the pharmacist, superintendent, medical director, and the various department heads will be of great help to you in this matter.

THE HISTORY OF THE UNITED STATES

The first of these is the fact that the United States is a young nation, and its history is therefore a history of growth and development.

The second is the fact that the United States is a nation of immigrants, and its history is therefore a history of the struggle for a new identity.

The third is the fact that the United States is a nation of pioneers, and its history is therefore a history of the struggle for a new frontier.

The fourth is the fact that the United States is a nation of free men, and its history is therefore a history of the struggle for a new freedom.

The fifth is the fact that the United States is a nation of peace, and its history is therefore a history of the struggle for a new peace.

The sixth is the fact that the United States is a nation of progress, and its history is therefore a history of the struggle for a new progress.

The seventh is the fact that the United States is a nation of justice, and its history is therefore a history of the struggle for a new justice.

The eighth is the fact that the United States is a nation of hope, and its history is therefore a history of the struggle for a new hope.

The ninth is the fact that the United States is a nation of love, and its history is therefore a history of the struggle for a new love.

The tenth is the fact that the United States is a nation of faith, and its history is therefore a history of the struggle for a new faith.

The eleventh is the fact that the United States is a nation of courage, and its history is therefore a history of the struggle for a new courage.

The twelfth is the fact that the United States is a nation of wisdom, and its history is therefore a history of the struggle for a new wisdom.

The thirteenth is the fact that the United States is a nation of power, and its history is therefore a history of the struggle for a new power.

The fourteenth is the fact that the United States is a nation of glory, and its history is therefore a history of the struggle for a new glory.

The fifteenth is the fact that the United States is a nation of honor, and its history is therefore a history of the struggle for a new honor.

The sixteenth is the fact that the United States is a nation of respect, and its history is therefore a history of the struggle for a new respect.

The seventeenth is the fact that the United States is a nation of dignity, and its history is therefore a history of the struggle for a new dignity.

The eighteenth is the fact that the United States is a nation of pride, and its history is therefore a history of the struggle for a new pride.

The nineteenth is the fact that the United States is a nation of joy, and its history is therefore a history of the struggle for a new joy.

The twentieth is the fact that the United States is a nation of peace, and its history is therefore a history of the struggle for a new peace.

IV. Medical Journals

For the material in this chapter I am indebted to the following men:

Mr. George H. Doyle,
Modern Medicine Publications.

Mr. William Chapman,
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Mr. Gordon Marshall,
Medical Society of the State of New York

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Medical Journals

A. Introduction

Medical journals which reach the medical profession number over 400. These journals vary in size, coverage, editorial content, and type of physician they reach. Approximately 125 of these medical journals are listed in Standard Rate and Data Service. Standard Rate and Data Service is an authoritative buying guide, generally accepted and used by agency Media Departments and Advertising Managers. Professional medical journals are publications devoted primarily to the interests of this special professional group. The circulation of medical journals is always predominantly restricted to this specific group or class.

Medical journals are designed to appeal specifically to the medical market. They reach and influence this market through editorial comment, technical articles, news items, and the advertising carried. Those with products or services to sell such a market can reach a large proportion of the prospects and influencing factors through medical journals in three ways:

1. By using paid advertising space,
2. By editorial publicity,
3. By using publication mailing lists for direct mail advertising and sales promotion material.

Periodicals circulating in the medical field have many characteristics which are peculiar to themselves. Some

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of the periodicals or journals are sponsored as official organs of medical associations. Others are sponsored by private individuals as a profit making project. Some have subscription lists, others are given away, while still others are a combination of both free and paid circulation.

Some journals cover the profession nationally. Others cover segments of the profession by regions, states, counties, and smaller localities.

Editorially, some journals cover medicine in an over-all manner. Others cover only specific categories of medical specialties; and in one instance, a medical journal does not carry any medical text, but approaches the profession with reference to the economic and business viewpoints of the medical profession.

B. Association Journals

Association journals are those journals which are the official organs of the various medical associations. The journals within this classification vary in editorial text, circulation, and type of advertising carried according to the views of the sponsoring group.

The Journal of the American Medical Association is the official organ of the American Medical Association and covers the field of medicine editorially in an over-all fashion. It carries original articles on new developments in the medical field. It also has an abstract section which abstracts noteworthy articles from other journals. Members

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of the American Medical Association automatically become subscribers to the Journal of the American Medical Association.

Before any medical, pharmaceutical, or food product can be advertised in the Journal of the American Medical Association it must first be approved by one of the councils according to the category into which it falls. Surgical equipment must first be approved by the Council on Physical Therapy, pharmaceutical products must be approved by the Council on Pharmacy and Chemistry, and food products must be approved by the Council on Foods.

To secure the approval of the Council may take a great deal of time and the time lag may be a factor of great importance to the manufacturer. Even if the time lag is not important there is always the possibility that the product may not be approved by the Council.

If the product to be advertised receives the approval of the Council, many manufacturers believe that a degree of prestige is gained thereby. Just what "degree of prestige" is actually attained is difficult to determine, since the manufacturers individually do not agree as to the relative value of this designation. In any event approval by the Council cannot be construed as automatic acceptance by the medical profession as a whole. At best it only indicates that a competent group after investigation have found that the product has met a prescribed standard and therefore the membership is informed accordingly.

The paid circulation of the Journal of the American Medical Association as indicated in the October issue of Standard Rate and Data Service was 111,409. This circulation was taken from the sworn statement of the Association dated 12/31/45. A sworn statement of circulation is determined by an audit of the subscription lists which in turn is sworn to before a notary public who in turn affixes his seal.

C. Mass Coverage Journals

Many of these journals are members of the C. C. A. (Controlled Circulation Audit) which means that the circulation is controlled and subject to audit at the end of each six month period. C. C. A. statements are generally accepted as a factual statement of a given journal's circulation.

The three largest C. C. A. Publications in the Medical Field are: Modern Medicine, Medical Economics and Current Medical Digest all of which are private ventures and as such they do not enjoy any official status by a sponsoring association.

Modern Medicine is primarily an abstract journal. Emphasis is placed on treatment and diagnosis. About 90% of its text content is abstract material taken from journals of original issue, covering the new and practical developments in every specialty of medical practice. Every month a recognized authority takes a given medical subject that enjoys a wide field of interest and brings the subject up to

date. These are original articles. During the alternate months a pertinent chapter of a new medical book is reproduced from galley proof so as to give the medical profession a preview of the most interesting section of the book before it is offered for sale.

Current Medical Digest is also an abstract book. Its abstracts are much longer than those appearing in Modern Medicine and fewer in number.

Medical Economics is not an abstract journal. Nor does it deal at all with treatment or diagnosis. On the contrary, it is composed almost entirely of original, staff-written articles and departments that have to do with financial problems, office management, insurance, investments, legal medicine, profiles, medical education, equipment, bookkeeping, sickness insurance, hospital staff matters, the doctor's office, personnel, ethics, public and patient relations, specialism, etc. Hundreds of surveys and interviews are made each year to gather facts and opinions on which the magazines' articles are based.

D. Specialty Journals

Specialty journals are those journals which cover only a specific category or specialty of medicine only. These journals are distributed to specialists in a particular field and/or to those whose practice leads them into contact with the problem pertinent to a given specialized field. These journals may be either official organs of a

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society or special group which it represents or they may be private ventures.

The specialty journals are very good for those manufacturers whose product or products have only a limited application in a wide field. Specialists can be best reached by the use of these specialty journals because the physicians to whom the advertisements are directed will spend more time reading the journal which is covering their particular field of practice.

If the journal is the official organ of a society it has a subscription price which is included as a part of the dues of the society. Typical journals in this category are Gastro-Enterology, official organ American Gastro-Enterological Association; Endocrinology, official organ of the Association for the study of internal secretions; Military Surgeon, official organ of the Association of Military Surgeons of the United States; Surgery, Gynecology and Obstetrics, official organ of the American College of Surgeons; Radiology, official organ of the Radiological Society of North America, Inc.; Archives of Pediatrics, E. B. Treat & Co., Inc., private venture; Surgery, C. V. Mosby Co., private venture; Urology and Cutaneous Review, Urology and Cutaneous Press, private venture.

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E. Regional Journals

Regional journals, as the name indicates, are those journals which circulate in a particular region. State journals make up the greater part of the regional journals and are the official organs of the Medical Society of the state in which they circulate.

Editorially these journals cover medicine in a general manner and have a limited scope of influence. They have a very limited circulation but many of the new developments along certain lines are first found in the contents of the state and regional journals.

F. House Organs

House organs are those publications sponsored by pharmaceutical manufacturers, and they are distributed to the profession at large. These publications are sent by mail and carry comments on new developments in certain drugs which are of interest to physicians generally. The house organ generally carries very little advertising. Invariably such advertising is confined to products of the sponsoring manufacturer. Most house organs are excellently prepared and attractively printed, and as a promotion feature they are well received generally by the profession. Among the better

house organs you will find Abbott's "What's New", Sharpe & Dohme's "Seminar", Hoffmann-La Roche's "Roche Review", Ciba's "Symposia."

The advantages of using medical journals are:

1. The appeals are directed to a specific and professional market.

2. If these journals are carefully chosen, the manufacturer can secure complete coverage of all those (physicians) who influence the purchase of drug products, instruments, equipment, etc.

3. Good medical journals are constantly and widely read by the groups covered as a means of keeping up with new developments in the practice of medicine.

4. Medical journals have an intimate acquaintance with the medical market through the physician, the primary motivating factor in the influencing of sales.

5. The cost of coverage of a specific group is unusually low per prospect reached.

6. Timeliness of presentation is secured since closing dates are usually close to publication dates.

7. There is little waste in circulation.

The disadvantages of using medical journals are:

1. Ratio of advertising content to reading matter may be too high, especially in journals without paid circulation.

2. Advertisements are generally in the front or back of the journal and the reader is not led through the advertising.

3. There is a high degree of duplication of circulation in medical journals.

4. Misrepresentation of both quality and quantity of circulation is not uncommon among those journals which do not enjoy C. C. A. membership.

5. Cost per logical prospect reached may be high.

In evaluating the merits of medical journals the following must be considered:

1. The publisher, his editors and staff and their qualifications to do the job.

2. The publisher's field organization, and its understanding of market problems and the collateral which are services offered to the advertisers.

3. The publication itself, its character and quality of editorial text and readership, the ratio of advertising pages to reading matter.

4. Analysis of circulation - sworn statement or C. C. A. and the distribution of circulation geographically and by specialty practice.

5. Rates or costs.

Medical Conventions

Medical conventions afford the manufacturer or pharmaceutical product, surgical instruments and equipment an opportunity to meet the physicians who prescribe and use their products.

Medical convention exhibits are of two types.

The first type is the scientific exhibit which is generally historical in nature. The history of the product is presented in a particular manner and exhibits are

V. Medical Conventions

For the material in this chapter I
am indebted to the following men:

Mr. Frank Rhatigan,
Davis & Geck, Inc.

Mr. Charles Baldwin,
Medical Society State of New York.

The second type of medical convention exhibit is the technical exhibit which is designed primarily for professional commercial sales. These exhibits may be seen only at this particular convention.

In order for the manufacturer to garner the fullest reward for his exhibit it is necessary for him to have an alert, up-to-date man in the booth to meet the doctor. The best qualified men to meet the doctors who visit the exhibit booth are those who are qualified to speak on the product in detail and answer any questions the doctors may want to ask about the product. Either one of the booth men or

Medical Conventions

Medical conventions afford the manufacturer of pharmaceutical products, surgical instruments and equipment an opportunity to meet the physicians who dispense, use and prescribe their products.

Medical convention exhibits are of two types. The first type is the scientific exhibit which is generally historical in nature. The history depicted is the unusual in a particular case study or disease. These exhibits are not nearly so colorful as the technical exhibits which show and picture the scientific trends in medicine. These scientific trends have either already been published or at a later date will be published in one of the medical journals.

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In order for the manufacturer to garner the fullest reward for his exhibits it is necessary for him to have an alert, up to date man in the booth to meet the doctor. The best qualified men to meet the doctors who visit the exhibit booth are those who are qualified to speak on the product in detail and answer any questions the doctors may want to ask about the product. Either one of the better detail men or

the detail supervisor is the type of man that should be in charge of the company booth. In many instances the inventor of the products or equipment will be at given booths at conventions. The physicians thereby have the opportunity of discussing these particular products or equipment with the men who were responsible for bringing them into being. Many times the physician learns of different uses for a given product or equipment from these men, thereby increasing his knowledge and improving the service he is able to render to his patients.

It is apparent that the manufacturer should staff his exhibit booth with thoroughly trained men so that physicians visiting the booth may be impressed by the courtesies extended and the dissemination of information regarding the products on exhibition.

The tendency in convention exhibits is toward more colorful and elaborate backgrounds or back drops. There is also a very marked tendency to have a definite tie-in between the backdrop and the manufacturer's product, trade mark and slogan.

The selection and procurement of space is the first step only in any convention exhibit. Selection of space, however, is important because the flow of traffic is invariably to the right, therefore exhibits situated at the right of entrances and exits are reasonably certain of being exposed to a greater number of physicians than exhibits located elsewhere

in the convention hall. This tendency of the traffic to veer to the right is another phenomena that has been observed in large retail stores, and the fact that display windows at the right generally receive more attention than windows situated at the left.

There is a consensus of opinion among a great many exhibitors that more doctors will attend more conventions in the post war period. The ex-service physician will want to catch up thoroughly and quickly on the new methods, new techniques, new products and new equipment that has appeared during the war years. There will be a great need for post graduate work in medicine because of the forced generalization during the war period. During this time the physician was out of touch with the many specific aspects of medicine. The war increased the number of surgeons because of necessity to do the job required in war service. The stay-at-home and ex-service physicians will want to do more post graduate work. Medical conventions embrace all categories of medicine, therefore much of this reorientation will take place at the conventions. Furthermore, the post graduate sessions are intensive and are conducted by the best informed men in a given specialty of medicine.

The post war period will be comparatively more important to manufacturers than any period before the war. This will be particularly desirable for those manufacturers who are developing new ideas, new products, and new methods

of treatment; and for those companies that developed new products during the war period but were unable to promote them because of artificial limitations arising out of war restrictions.

With more doctors available to carry the patient load it is reasonable to assume that the physician will find it more convenient to attend conventions in the future than in the past. This being true, conventions offer the manufacturer an excellent opportunity to contact many doctors at conventions. Many physicians living at great distances will have more time, and with the war restrictions on transportation eliminated, many who have not attended conventions since before the war will again resume their attendance.

Medical conventions are generally held annually by The American Medical Association, state societies and sectional groups. The members of these societies or groups attend these meetings for the following reasons:

1. To attend clinics - to see and hear the latest advances and developments in medicine discussed. Lectures are given, new methods and improved techniques are demonstrated. In this manner the physician is able to keep pace with the advances made in medical treatment.

2. To maintain Social and Professional Relations - attendance at these meetings enables the members to broaden their professional friendships; to make new worth-while acquaintances. They meet former classmates as well as friends who have been seen infrequently over a period of time.

These meetings are constructive and beneficial to the commercial exhibitors as well as to the members of the society sponsoring the convention. The commercial exhibitors are invited to purchase space and set up displays. The proceeds are usually sufficient to defray the expenses of the convention. In turn, the exhibitors or manufacturers benefit from the efforts of their representatives at these conventions.

Primary duties of convention representatives are:

1. Registration. It is important to obtain the names and addresses of all physicians visiting the manufacturer's booth. This information is useful in checking sample lists and for making such additions and corrections as required in the mailing list.

2. Product presentation. As the members of the convention register at the manufacturer's booth it is good practice to give him details on the firm's products, pointing out the ways in which the product can be used.

3. Report comments made by any of the members registering at the booth. Adverse remarks may be of greater importance to the manufacturer than complimentary remarks. Report all of them to the firm.

Sampling at conventions depends upon the type of product that the company manufactures. There has been a tendency to stop the giving of samples at conventions because of an inclination on the part of the physician to

throw them away when he leaves the hotel because of a lack of space in which to carry them. The method which is widely used now is to send the samples and/or literature to the physicians who have registered at the exhibit booth. This gives the physician time to read the literature at his leisure, and he is not encumbered by bulk that cannot readily be carried home from the convention to his office.

Since there are conventions covering all categories of medicine, the manufacturer must determine which type of convention is most suitable for the exhibit of his product. Many products have a limited field of application, therefore they do not lend themselves to convention promotion except in instances where the physicians are interested in this particular type of product. On the other hand foods, or other products closely allied to the food and drug field, are of interest to all physicians. Manufacturers of such products would, in all probability, confine their exhibits to the larger conventions irrespective of the character of the sponsoring group.

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SAMPLES

The shipping of pharmaceutical products to the medical profession may be the principal or the only purpose of advertising in the professional medical journals. This may also be the object of letters and other direct mailings of descriptive literature sent to the physician. Professional samples may be sent to the physician without a request from the physician. This type of sampling is known as general sampling and involves a great deal of expense and a great deal of waste. By using a mailing list, the sender knows exactly who will receive the sample, but the sender does not know whether the physician will use the product. The choice between these two methods of sample distribution, general sampling and selected sampling, is one of comparative costs and results.

VI. Sampling

For the material in this chapter I am indebted to the following men:

Mr. Frank Rhatigan,
Davis & Geck, Inc.

Mr. Clyde Williams,
Whitehall Pharmacal Company.

Another method of distributing samples to the professional people is by use of detail men who make personal calls upon the physicians and other professional groups who are likely to use or recommend the use of the product to other people.

Detail men may also call upon wholesalers and retail distributors of drug products who would be expected to stock the product and gain distribution for it because of the

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demand created through the use of other advertising media as well as the previous distribution of samples. The distribution of samples by use of detail men allows the company a personal presentation to the physician, and thereby, the detail man can answer any questions the doctor may have to ask about the product. Professional sampling, sampling to the physician, is only adapted or suitable for certain types of pharmaceutical products. The type of product best suited for professional sampling is that product which will show definite results, either positive or negative, with the application of a small amount of medication. This type of sample is of most value because it proves its worth, or proves itself of no help, in a short time and does not involve frequent return trips to the doctor's office. This saves the doctor's time and saves the sampling company the expense of high cost and large quantity samples.

Many pharmaceutical manufacturers supply the physician and the physician's office with articles that are both helpful to the physician and to the patient.

These articles are in the nature of memo pads, prescription pads, spatulas, office call forms and other forms for patient distribution and use for diet, baby feeding, and forms of that nature. Calendars and blotters are other methods which are frequently used as reminders of advertising to the physician.

Professional sampling to the hospitals generally takes the form of detail men calling upon the hospital staffs and technicians, acquainting these professional people with the use and application of the new products and their use under certain conditions. Another way in which samples are used in hospitals is in laboratory research experiments. By using samples in research experiments valuable progress is made at a nominal cost to the firm providing the samples. Publicity and free advertising may be provided for the company supplying the samples by having the name of the company, which is responsible for making the experiments possible, publicized in written reports of these experiments. Research, encouraged in this manner, may give an opportunity for advertising that had hitherto been unavailable. Samples may be used in clinics for free treatment for persons who would otherwise be unable to afford it.

By thoroughly acquainting the patient with the product and the product name there is a possibility for increasing future sales where follow-up treatment may have to be purchased from the local pharmacy outlet for the product. All patients are impressed by professional recommendation on the part of the physician for the particular pharmaceutical product which has been used for his treatment.

Some food companies also make a practice of giving free food or canned milk for new mothers leaving the hospitals with their offspring. This also tends to impress

upon the patient's mind the professional recommendation on the part of the attending physician.

Sampling to pharmacies and other retail drug outlets is done by detail men for the primary purpose of gaining product recognition with the product being promoted. This may be conceived as an extension of the old proverb, that one picture of a product is worth a thousand words, and one sample in the hands of the distributor or user is equivalent in selling power to ten thousand pictures of it. By having the sample of the product in the hands of the distributor, along with descriptive literature on the product, there is an additional available means of informing the customers that the product is available in the drug store.

The size of the sample to be distributed depends upon what objective the manufacturer is desirous of reaching. Combination offers are frequent in non-prescription drug store sampling, the customer buys a full size package of one product and gets the sample free. Generally samples to physicians are of a smaller size which are applicable for dosage of one patient.

Wholesale and retail pharmaceutical distributors often express vigorous objection to the distribution of full size samples because they believe that every package given away means a lost sale for that product or for a directly competing product. This objection may be met if the people to whom the samples are distributed were not users of the

product or a user of a competing product. Practically, the profitable use of sampling depends upon whether or not enough new users are developed to offset the loss in sales to persons receiving samples who would otherwise have paid the regular purchase price for the product.

VII. Conclusions

For the material in these conclusions I am deeply indebted to the following for their help and cooperation:

Mr. Robert A. Herdt
Director of Sales and Advertising
Hoffmann-La Roche, Inc.

Samuel French Publishers, Inc.
New York, New York.

Conclusions

Within the space of relatively few years the pharmaceutical industry has grown from what has frequently been described as a "shot and pan" operation to one which requires the best brains and skills in engineering. It has kept abreast of advances in medicine, science and numerous other technological improvements. However, there are some who believe that the marketing methods and techniques of the industry have not kept pace with those used by other industries. There are many who believe that the methods are as obsolete as the products they sell.

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Romaine Pierson Publishers, Inc.
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In the opinion of many of the major executives in the pharmaceutical industry the point has now been reached when the present marketing methods should come in for the

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Within the space of relatively few years the pharmaceutical industry has grown from what has facetiously been described as a "pot and pan" operation to one which requires the best brains and skills in engineering. It has kept abreast of advances in medicine, science and numerous other technological improvements. However, there are some who believe that the marketing methods and techniques of the industry have not kept pace with those used by some other industries. There are some who even say that the methods are as obsolete as the "pots and pans" once used in production. If this is true, the reason cannot be that top management has not shown as much interest in marketing as it has in production and research. Management in the pharmaceutical industry has always shown a healthy interest in marketing and distribution. There was a time when the selling achievements in the pharmaceutical field were the envy of many another industry. No firm or industry can advance on every front simultaneously, and if production and research received the major emphasis during the war, when the greatest strides were made, this was as it should have been.

In the opinion of many of the major executives in the pharmaceutical industry the point has now been reached when the present marketing methods should come in for the

same emphasis and attention as other departments in the business. Modernize the marketing is, or soon will be, the program in the front offices of many pharmaceutical manufacturers.

It is a certainty that the sales executives of the pharmaceutical industry will not fear the "microscope" and will welcome the most searching scrutiny of present methods. Many are looking forward to the day when they will "get the nod" and even the "needle". Some have already prepared the possible site of the hypodermic injection whether it be deltoid or the inner angle of the upper outer quadrant largest muscle in the body -- the gluteus maximus -- sometimes evasively referred to as the hip.

Successful promotion in the drug trade, as in others, depends not upon one method alone but rather upon the development and use of the most effective combination of methods. The value of promotion directed to the medical and allied professions should not be underestimated.

The prescriptions, orders, and recommendations of the members of the medical and dental professions directly influence the purchasing habits of our total buying population.

A properly planned and coordinated sales and advertising program directed to the physician, hospital and pharmacist exerts an influence on the development of volume of trade branded products at a cost which is surprisingly

low when compared to direct-to-consumer promotion. For example, if there is \$100,000.00 appropriated for ethical advertising it will permit the use of good-sized space continuously in practically every national and sectional journal in the United States.

General practitioners are the family physicians. What they prescribe or recommend for use in the family is not only bought on original prescription, it continues to be used. All the consumer advertising published will not divert Mrs. Brown or Mrs. Smith from continuing to use the tonic, cough syrup or brand of vitamins that has been recommended by the family physician. If Dr. Jones suggests the use of a certain brand of baby food, strained soup or cereal, Junior stays on that brand despite the pleading of the radio commentator or the four color art work appeals in national consumer magazines. The soap the dermatologist recommends for his sensitive skin is the one that Mr. White continues to use. The analgesic, oral antiseptic or vitamin product that the dentist prescribes will have patient preference because of its professional endorsement.

All available evidence points to the fact that promotion directed to the medical and allied professions is quite likely to produce stability in the demand for trade-branded products. If you can sell the individual's physician on the value of your product, your chances are good of keeping the individual sold on it.

Sales and advertising promotion to the professional group engaged in the healing arts, if properly directed, promises substantial and profitable returns. It must be understood, however, that methods which may be successful in producing a favorable response from the general public are pretty certain to fail if they are employed in a campaign to professional groups. Because physicians have alert minds and are trained in diagnosis, they will analyze your sales and advertising message more critically than the average reader. If they find in it overstatement or exaggeration, they will not give your product consideration. The promotion methods that will successfully influence the physician to prescribe or recommend your product have been so clearly established that that need for experimentation is eliminated. The promotion program is divided into three essential parts -- journal advertising, direct mail, and personal calls made by detail men. While there are some reports that good results have been obtained when only one or two of these methods have been employed, the evidence is conclusive that permanence in demand is more apt to follow the use of all three.

If your product is one which is acceptable to the advertising committee of the American Medical Association, space in the Journal of the American Medical Association should be employed. In addition to this official journal, complete general coverage can be obtained by using Modern

Medicine, Medical Economics or Current Medical Digest. These are sent free to physicians. Modern Medicine and Current Medical Digest, devoted to abstracts or digests of recent medical literature have a great reader interest. Medical Economics, because it presents well written articles on economic problems of the physician, also has a great reader interest.

The use of direct mail in advertising pharmaceutical products is common and effective. To carry out a successful direct mail program there are certain fundamental principles which must be recognized. Most important are:

1. Frequency of mailing: To be effective direct mail must be regular and frequent. It should be appreciated that the printed salesman has to work much harder for attention and interest than the personal visit from a detail man.
2. Presentation: Physicians give little attention to ill-prepared, poorly presented direct advertising. The secret for success seems to be to tell your new product story crisply and with illustrations -- if they lend themselves. Easy to read typography, white space and attractive design are important points to consider.

While most of the direct mail budget is understandably spent in promoting the physician there is something to be said for including the drug trade, too. Experience has shown that an announcement should be made to the drug trade describing the new product, the suggested retail price, and the promotion planned to create physician acceptance. From time to time further mailings of interest might be sent as "follow-ups" to sustain interest.

All physicians in the country have a right to expect that the representatives of manufacturers be carefully trained both as to product information and detailing techniques. Pharmaceutical representatives should make their presentations brief with due regard for the physician's time. These representatives should have a clear understanding of the indications for the products as well as the contra-indications. When they do not know the answer to a question, they should make a frank statement to this effect and secure the information from the Medical Department of the Company. The manufacturer should not select from general literature that which suits his purpose and ignore that which does not. This is true particularly of a medical and scientific paper which includes both favorable and unfavorable statements relating to therapy with his products.

The information which is given to the physician by the detail man should be informative, but should not be presented in a manner which is pedantic. If all observe the

rules of courtesy, good taste and good practice in making presentations, physicians everywhere will be more inclined to set aside time for the detail man.

The retail pharmacists have a right to expect that the new specialties they buy are really detailed to the physicians in the areas where they are stocked and that prescription demand is created. Every retail pharmacist has considerable money invested in specialties which are not moving; some of which have become obsolete. Many of the packages have been opened and thus are not usually returnable for credit.

It can be argued convincingly that prescription profits on rapidly moving specialties easily offset such losses but it is the obligation of the manufacturers of pharmaceutical products to hold such losses to an absolute minimum. The pharmacist deserves the best cooperation in bringing this about. The manufacturers can help in the following ways:

1. Suggesting minimum initial purchases
2. Watching stock for turn-over
3. Transferring stocks when necessary
4. Most important of all: Maintain the promotion program relentlessly ... if a product is worth placing on the market, it is usually worth promoting.

Pharmacists also have a right to expect that they be given full information regarding new products, either by mail, trade journal or personal visits by representatives. This statement may sound platitudinous but the facts are that pharmacists all too frequently first hear about a new product from the doctor who writes the prescription or orders the product for office use.

EXHIBIT A
Material from the PHARMACEUTICAL
EXECUTIVES YEARBOOK-1947, published
by Roscoe Pierce Publishers, Inc.

Present Status of Drug Labeling

Under amended regulations of the Federal Food,

Drug and Cosmetic Act, effective October 10, 1944

A drug is misbranded unless its labeling bears

adequate directions for use. "Labeling" is defined to mean

either the label attached to the package or a printed cir-

cular accompanying it. Where the title of the actual label

does not permit the inclusion of adequate directions, they

may be given on a printed circular that accompanies the

package.

Appendix A

Material from the PHARMACEUTICAL

EXECUTIVES YEARBOOK-1947, published

by Romaine Pierson Publishers, Inc.

Exemption From Adequate-Direction Provisions

The Federal Security Administration may issue regu-

lations exempting drugs from the adequate-direction provi-

sions if they are not deemed necessary for the protection of

public health.

Drugs distributed as sale on prescription only

(with the exception of those used by physicians and dentists)

are exempted from the adequate-direction provisions.

The following drugs are exempted from the adequate-direction

Present Status of Drug Labeling

Under amended regulations of the Federal Food, Drug and Cosmetic Act, effective October 10, 1944:

A drug is misbranded unless its labeling bears adequate directions for use. "Labeling" is defined to mean either the label attached to the package or a printed circular accompanying it. Where the size of the actual label does not permit the inclusion of adequate directions, they may be given on a printed circular that accompanies the package.

Drugs intended for administration by iontophoresis or parenterally must carry adequate directions. There are no exceptions. As drugs in this classification are used by physicians, dentists or veterinarians rather than by the public, the directions should explain clearly the scientific use, indications and contraindications.

Exemptions from Adequate-direction Provisions

The Federal Security Administrator may issue regulations exempting drugs from the adequate-direction provisions if they are not deemed necessary for the protection of public health.

Drugs restricted to sale on prescription only (with the exception of those used by iontophoresis or parenterally) must not carry directions. No representation about how or for what it is to be used shall appear

on the labeling. However, all drugs restricted to sale on prescription must state the quantity or proportion of each active ingredient on its label. Complete information on the use of such drugs shall be available to physicians separately.

Drugs used as inactive ingredients, such as a coloring, emulsifier, flavoring, lubricant, preservative, solvent or excipient, are exempt from the adequate-direction requirements.

Drugs used in the manufacture of other drugs are exempt if the label states "For Manufacturing Use Only."

Caution: It should be noted that drugs intended for use as ingredients of prescriptions cannot be classified as "For Manufacturing Use Only." They are not exempt from the adequate-direction requirements.

Official drugs delivered for use by a physician, dentist or veterinarian are exempt. They must not carry directions for use but shall carry on their labels the phrase: "Caution: To be dispensed only on the prescription of a physician, dentist or veterinarian." This exemption does not apply to nonofficial drugs nor to official drugs that are supplied in forms not intended for compounding with other substances.

Recent Opinions

Based upon a study of the literature and information obtained from endocrinologists, the Food and Drug

Administration states that, because estrone, estradio, estradiol esters and natural mixed estrogens have been shown to be appreciably less potent when administered orally than when the same amount, expressed in units or by weight, is administered parenterally, labels on preparations for oral administration should bear a forthright statement, conspicuously displayed, to this effect.

The Administration also holds that unless vitamins are present in significant amounts, they should not be listed on the label. They may be carried on the label if a qualifying statement, to the effect that the amount present has no significance in nutrition, also appears.

These recent opinions may necessitate changes in many labels now in use.

Condensed Thoughts on the

Robinson-Patman Act

The Robinson-Patman Act specifically prohibits discrimination in price between purchasers of commodities of like grade and quality, where the effect of such discrimination may be substantially to lessen competition or tend to create a monopoly.

The payment of commissions, brokerage or other compensation, except for services rendered in connection with sale or purchase, is prohibited.

Reduction in price for the purpose of destroying or eliminating competition is forbidden.

Reduction in price made in good faith to meet an equally low price of a competitor, or the services or facilities furnished by a competitor, may be justified.

Selection of customers is permitted, provided such selection does not result in restraint of trade.

Granting of a discount for quantity purchases is permissible if the discount can be justified by a saving in cost of manufacture, sale or delivery. Discounts for quantity purchases must be available to all customers. If the quantity in order to obtain a discount is set so high that only a few dealers can take advantage of it, the Federal Trade Commission may order its revision.

Merchandise deals are permitted if they are made available to all customers on proportionately equal terms.

Advertising allowances may be made if they are available to all customers on proportionately equal terms.

Price changes are permitted to dispose of perishable, obsolescent or seasonable goods. Distress sales under court process, or sales in good faith in discontinuance of business in the goods concerned are also permitted.

Condensed Thoughts on the
Wheeler-Lea Act

The Wheeler-Lea Act specifically prohibits the dissemination of false advertisements by any means for the purpose of influencing the purchase of food, drugs, devices or cosmetics.

"No advertisement of a drug shall be deemed to be false if it is disseminated only to members of the medical profession, contains no false representation of material fact, and includes, or is accompanied in each instance by a truthful disclosure of, the formula showing quantitatively each ingredient of such drug."

As all unfair methods of competition are banned by this act, any statement made in an advertisement that can be interpreted as being derogatory to a competitor may be considered a violation.

Appendix B

Material from the book, DEVELOPMENT AND MARKETING OF PHARMACEUTICAL SPECIALTIES

by
William T. Doyle and A.R. Savina

Chapter One

Research And Its Importance

Research constitutes one of the most important aids in the development of ethical pharmaceutical specialties. In its broadest sense the term "research" refers to a method for systematically accumulating, correlating, and applying new knowledge. Since the research technique has been most widely applied in the fields of science, it is commonly believed that research is the creation of science and is limited in its applicability to such fields. Science has in fact "gone to town" with research and has demonstrated its possibilities. Accordingly, industrial research departments are generally organized chiefly for the purpose of carrying on scientific and technical research. However, it is well known that practically all phases of a business can be aided by data gained from analyses and studies conducted in accordance with research methods. Factual and interpretative surveys are frequently employed by enlightened management as a guide in reaching decisions on matters of broad policy. Fields offering good sales potentialities for new products are disclosed by market research studies. Methods for improving the performance of salesmen are often uncovered by sales research.

The growing use of aptitude tests in the selection of personnel emphasizes another important application of the research technique. Production and control, commonly regarded as routine functions, rely upon research to insure

replacement of obsolete equipment and manufacturing processes, and maintenance of product quality on the highest possible level. The variety of research activities is thus apparent.

Evidence to prove the need for research would seem superfluous indeed today. Few still question that research is a paying investment. The pharmaceutical industry as well as others long ago recognized its importance in developing new products and improving the quality of and widening the field of applicability of existing products. Without the stimulus of new and improved products, sales---the lifeblood of industry---would rapidly dwindle. The past thirty-five years have seen the number of industrial research laboratories in this country increase from a few to more than 3,000.

Research not only benefits the companies which engage in it, but it also contributes to the welfare of the nation. This has been forcefully demonstrated by the dramatic termination of the War.

Now with reconversion and its biggest problem, unemployment, facing the nation research will stand out as the one national resource of unlimited potentialities to aid in establishing and maintaining prosperity on a high level.

How Much To Spend For Research.

A few years ago, Dr. Karl T. Compton, president of the Massachusetts Institute of Technology, urged all U. S.

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A few years ago, Dr. Karl T. Compton, president of the Massachusetts Institute of Technology, urged all U. S.

companies to spend 2% of their gross income for research. At that time such a plan would have meant an annual expenditure by all industry of one billion dollars for product development and improvement---about five times as much as was actually being spent. Without doubt, many companies have been and will continue to spend more than 2% of their gross income for this purpose, but it is evident that many spend much less. The amount of income to allocate for research will naturally vary with companies. Generally the smaller the company, the greater the proportion of its income which may be required for research activities. In many cases, however, research expenditures may appear high because much that is essentially control work is classed as research. An adequate research outlay for pharmaceutical manufactures has been variously estimated at from 2 to 10% of gross income. It is up to top management in each case to determine the most it can afford to spend to maintain its competitive position and ultimately expand its business. The amount decided upon will in all probability be none too much.

Organization Of The Research Department

Size: Obviously the size of a research department will vary with the size of the company and with the proportion of income which can be allocated to research.

Personnel: The selection of personnel for a research department requires very careful consideration. Management's chief responsibility is in the selection of the director, who

then should be allowed a reasonable degree of freedom in picking those to work under him. The director of research should have a broad training in those sciences---chemistry, biology and medicine---which bear most directly on the industry. He should possess a sense of economic values and be generally well acquainted with what is going on in the field in which the company is interested. While scientific and technical knowledge is an important requirement of the executive in charge of research, perhaps more important is his ability to handle men. On this depends in large measure the efficiency with which a research laboratory operates.

In most instances new products result from group rather than individual efforts. Accordingly, teamwork amongst the members of a research department is essential for success. Effective teamwork will depend on the enthusiasm with which the men pull together for the development and improvement of all under the leadership of the research director. Hence he must inspire confidence and loyalty, be the nucleus around which develops that subtle quality characterizing winning teams---an "esprit de corps". In addition he should contact people easily, and should make it a practice to discuss problems periodically with others both within and without the organization, for such discussions are often a fertile source of ideas. Also he must be a salesman, capable of getting management's approval for necessary or worthwhile research expenditures. This is a large order indeed, but the closer

the man selected meets these requirements, the greater the assurance of success in the research program undertaken by the company.

Perhaps the two most important requisites for staff members of a research department are good fundamental training and adaptability. For large organizations specialization in some branch of science may be necessary, but for small and medium-sized companies this is not essential and probably undesirable.

As research departments grow, subdivision becomes necessary. There may be sections or divisions devoted to studies in a special field and these may be further divided into groups. Each of these subdivisions should be headed by a leader, the group leaders being responsible to the section or division heads, who in turn are responsible to the research director.

The active head of research whether he be the research director or executive in charge of research and development should be a member of the management committee or an officer of the company so that research will be assured of forceful representation.

The handling of personnel deserves the most careful attention of management. Financial compensation must be adequate. Incentive plans should be instituted to reward good work, but in the execution of such plans care should be taken to avoid penalizing a worker whose assignment while not

fruitful was nevertheless well carried out. When the size of the department permits, all members should probably share in the rewards so as to foster the spirit of teamwork. The desire to grow and develop should be recognized by management as a natural characteristic of most research men, and there should be opportunities for this within the company if interest is to be sustained.

Some individuals will grow and develop in spite of all the obstacles management may place in front of them. Others may have to be helped. It would seem to be the part of good judgment for management to provide such assistance and encouragement when necessary or desirable. The enthusiasm and consequently the productivity of research personnel can be improved when it is evident that a spirit of helpfulness pervades the organization from top management right on down to the individual worker. All will feel that they are part of the team and act accordingly.

Facilities: Needless to say adequate facilities should be provided for the proper conduct of research. Without the necessary tools, personnel cannot function efficiently. The laboratory should be large enough, clean, orderly, well-lighted, and located away from excessive noise. It should be adequately equipped with modern apparatus. A library with the more important chemical, pharmaceutical, and medical journals is as essential as all other facilities. Experience

has shown that those companies with the most progressive research facilities generally make the greatest strides.

Objectives Of Research Department

Once a properly staffed and equipped research laboratory has been set up its objectives and the scope of its activities should be sharply defined. The general objectives usually comprise the following:

(1) Develop new products. Very few products, pharmaceutical specialties as well as other types, can be expected to retain their market position indefinitely unchanged. Hence a continuous search must be carried on for new products to replace the old---before they are displaced by competitors' products.

(2) Improve existing products. Oftentimes a product can be re-created and its life prolonged by an improvement.

(3) Seek new applications for the company's products. Even with medicinal products the field of application can frequently be widened.

(4) Develop new and improved methods of production and control. Obsolete manufacturing processes and inadequate control of quality can seriously jeopardize the success of a product by giving the more efficient competitor a definite advantage.

(5) Furnish technical information and assistance to other departments of the company. The production and sales

departments particularly can benefit by frequent and regular contact with the research department.

(6) Conduct fundamental investigations to contribute to the accumulation of "scientific capital", the basic source of new products.

(7) Publish papers. Research workers frequently desire the opportunity to publish the results of their work in scientific journals to help establish a name and reputation for themselves in their field. The company will also benefit by a liberal policy in this respect for its prestige will be enhanced. Obviously the work must be of such a type and carried out in such a manner as to be worthy of publication.

Chapter Two

New Product Development

Perhaps the most important single objective of the research department, at least for manufacturers of ethical pharmaceutical specialties, is to develop new products.

"What's new?" is the question most detail men are confronted with when they step into a doctor's office, and the detail man looks to his company's research department for the answer, the research department with the cooperation of management, sales and production must constantly and vigorously pursue a systematic course directed toward this objective. Too often, particularly in the smaller companies, so much of the department's time is diverted to problems unrelated to the development of new products, that this more important task is handled in a hit-and-miss fashion. Success then becomes largely a matter of luck---a weak foundation on which to build one of the most vital departments of a company. New product development can be placed and maintained on a sounder basis by approaching it as all major problems are approached. First a careful and thorough analysis of the problem is made, then it is separated into its component parts, and these are then arranged in their proper sequence for systematic attention.

In the paragraphs which follow an attempt is made to outline a series of steps that may be taken in a methodical attack on the all important problem of new product development. Obviously, no hard and fast rules can be laid

down for the conduct of research in all cases, but the principles underlying the procedure outlined should find general application although the steps themselves may vary.

Directions In Which New Product Development May Proceed

A classification of the possibilities is always a helpful way to begin a project. A clearer understanding is thereby gained of the problem, and this is half the solution. New products may result from studies to:

- (1) Synthesize new chemicals for medicinal use.
- (2) Investigate existing compounds and natural products for their possible therapeutic value.
- (3) Isolate or concentrate agents of therapeutic value from natural products.
- (4) Develop new and unique preparations comprising substances of established worth in medicine, such preparations supplying active medicinals in a vehicle or form to improve their efficacy, consumer acceptance and safety.

Which of the above-listed courses are followed will depend upon the size of the company and its research department, and also on management's decision regarding the latitude of its activities. Large companies will generally work simultaneously in all directions, the smaller companies in probably one or two.

Origin Of Ideas For New Products

Unfortunately too little attention is given to means of acquiring ideas for new products. Chief reliance

appears to be placed upon inspiration rather than on the adoption of a procedure to stimulate ideas. It should be remembered that inspiration usually enters a prepared mind; what is frequently termed inspiration is merely the final step in a sequence of logical steps directed toward a definite goal.

The ideas for new pharmaceutical products may come from different sources, some of which will be discussed. Sometimes bits of information from various sources when put together lead to the formulation of an idea. Therefore, every effort should be made to cultivate close contacts between the departments with a company so as to encourage the development of ideas. Ideas, or pertinent information leading to them, may come from:

(1) Management. The origin of many companies can be traced to an idea possessed by the founder or founders, and accordingly the company's first management. As companies grow and become more highly organized, management's numerous functions preclude its being the only or even an important source of ideas for new products. However, management's policies can have a profound effect on the inception and development of ideas by others within the organization.

Management's chief role should be to furnish and maintain a favorable environment for the germination and cultivation of ideas. Fields of interest to the company should be carefully delineated, but they should not be too narrow. Chief reliance should be placed on a planned and systematic

procedure for conceiving new product possibilities rather than on individual bursts of inspiration. Adequate means should be provided for a full examination and evaluation of ideas, and rewards and recognition for worthwhile ideas should be an integral part of company policy.

(2) Research Department: A well-organized research department in a company with a research-minded and progressive management will in the long run prove to be a fertile source of ideas for new products and product improvement. For optimum effectiveness the research department should adopt and adhere to an orderly and systematic plan especially designed to indicate new product possibilities worthy of consideration. Among the steps that such a procedure might embrace are:

- (a) Follow up disease and therapeutic trends with the aid of medical literature, insurance company statistics and government health reports.
- (b) Maintain an up-to-date file of information on the status of the treatment of important diseases, or symptoms for which medicinal therapy is indicated.
- (c) With the aid of periodic surveys follow up market trends in the pharmaceutical field.
- (d) Study drugs and drug products in current use with a view to determining their shortcomings and how these might be overcome.

(e) Maintain contacts with practicing physicians, clinicians, hospital and university investigators, and pharmacists as a means of keeping abreast of advances in therapy and of the requirements in medicine. This may be accomplished in part by permitting research department members to attend medical and scientific meetings, and also, if possible, to take periodic refresher courses.

(f) Encourage frequent informal discussions on new product possibilities. Many points that would not be disclosed in formal conferences might be brought up in an informal group gathering. Out of these discussions may crystallize ideas suitable for presentation and evaluation at formal conferences.

(g) At regular and frequent intervals circulate bulletins to executives and research workers with pertinent information on new fields of interest to the company. If prepared with care and thought these bulletins may help to stimulate thinking in profitable channels. Discussions that raise questions should be part of such bulletins, and may well pave the way for formal consideration of new product ideas.

(3) Sales Department: Coming into contact regularly with druggists and doctors, who being close to the point of application are in perhaps the best position to observe the failings of, or the gaps unfilled by available products, salesmen might be expected to be a good source of ideas for new products. In some instances ideas of considerable merit do originate in the sales department, particularly among the men whose primary function is detailing or special service rather than selling. By and large, however, new product suggestions from the sales department are generally requests for a product like a fast selling competitive item. Nevertheless, salesmen can be instrumental in furnishing much useful information to aid the research and other departments to develop and evaluate new product suggestions. Being close to the market, they can learn much about trends in therapy, fields showing good sales possibilities, and limitations of existing products--information that should prove advantageous to the research department, and to those groups within the company charged with the responsibility of new product development.

Sales management should make it a policy to encourage salesmen to send in information of this character regularly. More than a simple request should be made if worthwhile results are to be expected. Careful thought should be given to the means of enabling the men to furnish the desired information with a minimum expenditure of time.

The value of the data collected in this manner will generally be in direct proportion to the time and thought put into preparation of the forms or questionnaires on which the salesmen are to make their reports.

As a further incentive, periodic reports should be made to the salesmen showing what use or disposition has been made of the information sent in. Evidence of interest at the home office will stimulate interest in the men.

(4) Others. Ideas may come from other sources although these are of minor nature in the sense that a company would not want to make them the sole basis for its future progress. But since on occasion, ideas of considerable merit may come from these sources, they obviously should not be overlooked.

Physicians from their experience in the diagnosis and treatment of disease may have ideas which they would like to have a pharmaceutical company with the necessary facilities work out and apply. Naturally, not every idea from such a source can be expected to lead to a profitable new product. Like all other ideas these must be evaluated in the customary manner.

Other companies not engaged in the manufacture of pharmaceutical specialties, or not affiliated with such a company, may develop products of possible value in the pharmaceutical field. The progressive pharmaceutical manufacturer will find it to his advantage to cultivate contacts with such companies.

Many individuals working independently frequently approach companies with partially worked out ideas which they offer for sale. Needless to say, caution must be exercised in evaluating such proposals before any commitments are made.

The employees within a company should not be neglected as a source of ideas. With a little encouragement some with the proper background may yield worthwhile suggestions.

Screening Ideas

Next in importance to acquiring ideas is their evaluation, to classify them according to whether or not they deserve further study and if so, how much. All ideas should be carefully scrutinized before large sums of money are expended on their development, but this does not imply the adoption of a "hardboiled" attitude toward new product ideas. On the contrary, an objective study should be made of each idea with all factors of importance receiving consideration.

Most companies will have a group, often designated as the New Products Committee, entrusted with the responsibility of screening new product ideas and making recommendations regarding their disposition. This committee should be composed of at least a representative of top management, the research director and the sales, advertising and production managers. Legal and clinical representation are also very desirable, but where the size of the company does not permit this a patent attorney and one or more physicians qualified

to present the clinical point of view should be retained on a consulting basis. They may attend meetings with the New Product Committee particularly after ideas have been carried part way along the screening process. Among the factors which should receive attention by the New Products Committee in its evaluation of new product ideas are the following:

- (1) Sales Factors: Typical questions that logically arise in a discussion of sales factors are:
 - (a) What are the sales possibilities of the suggested product? Does the product contribute something new?
 - (b) Is the market worth cultivating?
 - (c) Will an educational campaign be necessary to insure ready acceptance of the product? How much will such a campaign cost?
 - (d) What sort of competition is the product likely to encounter immediately upon its introduction or later?
 - (e) Will sales fluctuate with the seasons?
 - (f) What will the price picture be?
- (2) Research Factors: Here, too, typical questions help to indicate the points around which discussion might revolve in determining, from a research standpoint, whether an idea merits further investigation:

- (a) What are the probable difficulties that research may have to overcome?
- (b) About how much time will be necessary to complete the laboratory phases of the study?
- (c) Are personnel with the proper qualifications available for carrying on whatever research the product may require?
- (d) What is the best estimate that can be given of the probable cost for carrying out the research program?

 Orienting experiments may be necessary before answers of any value at all can be given to the questions just raised. Even the answers can not be accepted as final because the problems of research cannot always be foreseen.

- (3) **Production Factors:** The manufacturing problems likely to arise should be given consideration early in the screening process for unless the facilities in plant, equipment, and personnel are available or procurable, research on the project may be largely wasted.

 The probable cost of production should be taken into account too, for if costs are excessively high serious marketing problems may be encountered. However, it should be borne

in mind that before research on a product is completed and a manufacturing process worked out, production cost estimates may be out of line.

- (4) Clinical Factors: Obviously no pharmaceutical specialty should appear on the market without previous clinical evaluation. Hence the nature of any clinical studies that may be required should receive attention. Apart from this, however, the clinician point of view is desired during the screening process in order to help in reaching a conclusion as to whether the proposed new product will fill a real clinical need. The clinical viewpoint will also be found helpful in outlining the general characteristics the product should possess to fit its purpose best.
- (5) Legal Factors: Before work is initiated on any new project the patent situation should be thoroughly explored. Preliminary surveys may be sufficient during the screening process to indicate whether existing patents will have to be circumvented and whether this is likely to complicate the research picture.

Preparation is the keynote of success in any committee deliberations. Offhand opinions based merely on superficial impressions are practically worthless as evidence to judge whether an idea for a new product merits adoption. The chairman of the New Products Committee should not only inform committee members beforehand regarding the subjects to be discussed but should assign certain members topics which they are well qualified to comment on in detail.

Chapter Three

Research Procedure

When the New Products Committee, or its equivalent, has recommended that research be conducted in a certain direction with the ultimate objective of developing a new product, and management has authorized an expenditure for the purpose, the research department then carries on from that point. It has often been said that research cannot be made to fit into any fixed pattern. Too many encumbrances can certainly stifle originality and progress in any research project. This, however, does not preclude the need for some measure of organization in the conduct of a research program. Research in industry has been shown to yield its biggest returns when carried on within a framework designed with due regard to certain basic principles of organization. In this connection we are concerned with organization of research procedure as distinguished from the research plant.

One of the first policies to be established is the fraction of effort which should be devoted to this or that type of research. Various terms have been used from time to time to describe types of research---pure, applied, practical, fundamental, and so on.

The development of new pharmaceutical specialties is without question applied research, dependent upon fundamental research conducted either within or without the company. Industry obviously is most interested in supporting applied

research, but it would indeed be shortsighted to fail to carry out, or support, the fundamental research from which profitable applications are drawn.

The problems undertaken by the research department should include both short and long range types, with the time devoted to each about equally divided. In this way new products can be made available at regular intervals to aid in the support of long term investigations. At times research on short range problems is spoken of as empirical, and that on long range problems systematic or fundamental. Such a classification or distinction may be misleading, for so-called "empirical research" to be successful should be systematically and orderly executed. The emphasis is on achieving a limited objective in as short a time as possible. The degree of success in this type of research depends to a large extent upon the knowledge and experience built up over a period of time by previous work on both long and short range problems. Continuous systematic study develops the ability to perceive quick solutions to a problem and to sense possible new products requiring only limited research.

What is frequently believed to be a "hunch" is a normal response to stimuli aroused by the pursuance of a basically sound research course. Too much reliance on empiricism is dangerous, for success by this method of approach is sporadic. A research method dependent chiefly upon lucky guessing could hardly be considered well suited to the needs

of modern industry. It is true that some of today's important medicinal agents were developed or discovered in an empirical fashion, in some instances by persons lacking in scientific knowledge and background. Few, however, would advocate that the same empiricism characterizing ancient folklore should dominate today's attack on disease.

Long range problems may require two or more years for completion. They may involve fundamental investigations with no immediate prospect of any return in the form of a new product. Yet out of such investigations often come the major development which establish a company's position in its field. To be identified with such a major development is a valuable asset.

Apart from the reasons just given for including both long and short-range problems in the research program, it is also desirable that several projects be underway at any one time because the element of chance cannot be fully eliminated from research.

As it is not known in advance where lightning will strike, it is not possible to foretell which research projects will lead to profitable new products.

Irrespective of the type of problems included in the research program, the general procedures followed in the solution of these problems will be essentially the same, consisting of the following steps:

(1) Survey of the Literature: Too much emphasis cannot be placed on the importance of undertaking a search of the literature---medical, scientific and patent---prior to initiating an extensive experimental program. Much money and time can be saved by avoiding repetition of work that has already been done. Moreover, a good literature search enables the research worker to become better acquainted with the field. This background of information will be an indispensable aid in planning and carrying out the experimental program, and in formulating ideas for patenting. Obviously a good library should form part of the research organization. As mentioned earlier, the library is an important research tool and every effort should be made to enlarge its usefulness by increasing the number of scientific journals in its files, by purchasing new books of interest, and by providing personnel to aid in the preparation of bibliographies and abstracts. When the laboratory is located close to large cities with good medical and scientific libraries, it will be advantageous to make arrangements for the use of facilities.

In order to derive the maximum possible value from literature searches and at the same time to have the information gathered readily available for future reference, it is desirable to prepare and maintain card files which are properly indexed with respect to both subjects and authors. A single file may be assigned to each particular field under investigation. The form of card and the system employed in filing may be arranged to meet the needs of the particular laboratory.

The card file should be supplemented by abstracts or condensates of articles having a direct bearing on the research in progress. Condensates may comprise an analysis of the information presented in a paper from different points of view, the purpose being to enable the research worker to get a clear comprehension of the relationship of the author's work to his own proposed study.

Organization of the information gained from the literature survey for a particular field into a single connected review will prove very useful not only while the research work is under way, but also after it has been completed.

Perseverance and thoroughness are necessary to maintain a well-organized, informative, and up-to-date file of the literature in any field. Effort

expended in this direction, however, is usually reflected in a better quality of research. It must be stressed that literature study is actually a means to this end, not an end in itself.

- (2) Planning Experimental Program: Good research work requires a considerable amount of careful planning at the outset. The more time spent in planning the less will be wasted in costly experiments that fail to yield conclusive data. A frequent error on the part of management is to bring pressure on research for immediate results, thus causing experimental work on a broad scale to be started prematurely. It is not intended to infer that no experiments should be started until a comprehensive plan has been outlined or the literature survey completed. On the contrary, it may be highly desirable to conduct preliminary orienting experiments while both these first two steps are in progress, for the results of such experiments may facilitate subsequent planning.

- (3) Carrying out Experimental Program: There is probably no good substitute for the inspiration and perspiration formula. Every possible variable must be considered and, if necessary, investigated. No deviation from the systematic course outlined should be made unless clearly warranted by the results being obtained.

Assistants should be employed to take care of the more routine function of the experimental program, thus freeing highly trained personnel to devote more time to study and correlation of data, and the planning of future experiment.

- (4) Clinical Evaluation: It is hardly conceivable that any reputable company would introduce a pharmaceutical product on the market without previous clinical evaluation. The extent of the clinical evaluation will of course be dependent upon whether the product contains an entirely new drug or whether it contains a drug known therapeutic action in a new form. In the case of new drugs pharmacological studies may have to precede clinical studies. Large companies will generally have the facilities for carrying out the former; small companies may have to have such work conducted by outside laboratories. Clinical studies will invariably be carried out at a hospital under the direction of a qualified clinician. Companies should establish contacts with several hospitals to facilitate the handling of clinical evaluation studies. If possible a physician should be employed full time to take charge of this phase of the work. If desirable patient

acceptance tests can generally be conducted simultaneously with the clinical evaluation studies.

- (5) Pilot Plant Studies: Large scale manufacture of a new product should seldom be undertaken without trials first on a small scale, larger however than laboratory scale. The purpose of this is to determine whether problems are likely to be encountered in commercial production that were not apparent in the laboratory. Variables in the manufacturing process can sometimes be studied better on a pilot plant scale than on a laboratory scale, but where this does not hold true the studies should be carried out in the laboratory to keep costs at a minimum.

For small companies the pilot plant may form part of the research department, but in large companies it may be better to have the pilot plant as a separate unit. Obviously, in such cases a close liaison between the research department and the pilot plant should be maintained. When a product is produced on a pilot plant scale it is usually possible to get a more accurate estimate of the cost of manufacture.

Clinical evaluation tests may await the pilot plant trials when a larger quantity of the product can be made available for distribution.

Research Conferences

Research work can be frequently expedited by holding periodic meetings at which mutual problems are discussed. When the research staff is small all members may profit by attendance at such meetings. With large companies on the other hand the presence of all research workers would make the meetings unwieldy. Greater effectiveness would be assured by restricting the meetings to small groups working in related fields. However, the leaders of all groups should meet regularly with the research director to discuss the work in progress. Group leaders may in turn pass on to their groups the information obtained at these general meetings. Keeping all members of the staff informed regarding the work going on in other parts of the laboratory, especially when it is a large one, is an important factor in the promotion of harmony.

The frequency with which meetings are held is a matter that must be decided for each individual case. Once a week would seem to fit the majority of cases. Those attending the meetings should come prepared to participate in the discussions. One individual may be appointed as secretary with the responsibility to prepare a report of each meeting.

Research Reports

It goes without question that periodic progress reports of the work carried on in the research department should be submitted to management. The manner of reporting will

doubtless vary with the size of the company. Each research worker should submit a progress report of his own work to his group leader or to the research director at intervals of perhaps once a month. From these the research director may prepare monthly reports for management. When a problem or some specific phase of it is completed, a detailed report may be prepared by the worker showing what was done and the results obtained. These reports may be circulated among members of the research department and also among the executives of the company. These will form a record of the work completed and may be filed so that they are available for future reference.

Budget

A budget is a necessary means for maintaining a check on research costs. When an appropriation is made authorizing research on a specific project, an identification number should also be assigned to the project. The time of personnel and expenditures for materials and equipment may then be charged against the project number, and periodically the accounting department may issue statements showing the accumulated cost and the residual appropriation. At intervals of possibly six months the expenditures on a research project and the progress made should be reviewed with the object of determining whether research should be continued or brought to a conclusion. This may well be a function of the New Products Committee. At such

meetings all executives from top management down must strive to be as objective as possible in the exercise of their judgment.

A research budget should be so arranged that it does not restrain research activities and does not consume too much of the time of personnel in its operation. The amounts allocated for specific projects should be regarded as flexible, and upon exhaustion should not necessarily signify the termination of the project. Viewed in the proper light, a budget can be helpful in keeping research expenditures in productive channels thereby avoiding the squandering of funds on worthless projects.

Production And Control

After a product has been brought to the pilot plant stage, it should be evident what the manufacturing and control problems are likely to be. Steps may then be taken to provide the required facilities if they are not already available. The research department and pilot plant unit should work in close contact with the production department until all kinks in the manufacturing process have been worked out.

It is hardly necessary to point out that great care must be exercised in each step of the manufacturing process, and control specifications must be rigidly adhered to if pharmaceutical specialties are to reach the consumer in a safe and effective form. With new products this need is even greater since it is not easy to anticipate possible sources of difficulty.

Among the conditions to be met in the production of pharmaceutical specialties are:

- (1) The final product must conform with the label specifications.
- (2) The product should have good shelf stability.
- (3) The composition should not be altered in any way during manufacture that might later on produce untoward reactions.
- (4) Sterility, when necessary, should be assured.
- (5) Proper environmental conditions should be provided---light, cleanliness, conditioned air, and so on.
- (6) Packaging and finishing of the product should conform to the highest standards.

The control department should be regarded as an adjunct to the manufacturing department, with the responsibility of insuring the quality of the finished product. It should therefore be segregated from the research department. Among its duties may be the following:

- (1) Test incoming materials and the finished product to establish identity and strength.
- (2) Insure correct formulation.
- (3) Check manufacturing operations to avert contamination of the product or loss of active matter, and also to insure uniformity of the product.

(4) Check filling, labeling, and finishing of the product.

(5) Make sure government regulations are observed insofar as the package is concerned.

The more complex the product to be manufactured the more alert and careful the control department must be. The department should be staffed with adequately trained personnel capable of developing and carrying out the necessary control procedures to insure the manufacture of products of the highest quality obtainable.

Consultants

No company is completely self-sufficient insofar as research is concerned. The great reservoir of fundamental knowledge constantly being replenished by research conducted in university and hospital laboratories, is a major source of the information on which new product development is based. In addition, the facilities of consulting organizations, hospitals, universities and colleges are often needed to supplement those of the company's own research department. Like all departments and persons connected with new product development great care should be exercised in selecting outside consultation.

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